

Bill Rice Ranch

Deaf Adult & Interpreters' RETREAT

Friday, July 31, 2026



7:30-10:30 Check-in
9:15 Illustrated Message (Rodeo Arena)
11:00 Morning service
12:15 Delicious meal served in Center Hall
1:00-5:00 Afternoon activities & rodeo
5:00 Grilled supper at Cowboy Town
7:30 Evening service

Retreat Speaker



Allen Snare

Cost:

\$24 per adult (ages 12 and up)

\$18 per child (ages 5-11)

Ages 4 and under come free with parents

Activities: Enjoy swimming, games, putt-putt golf, our "World Famous" Rodeo, Cowboy Town, delicious meals, Bible preaching, and more!

Dress: Ladies & girls—knee-length skirts, culottes, or divided skirts; no slacks. Men & ladies—no shorts, please.

Contact us by July 20th to reserve your place.

Call: 1-800-253-7423, ext. 0125 | Email: registration@billriceranch.org | **Bill Rice Ranch** 627 Bill Rice Ranch Road, Murfreesboro, TN 37128
Bring form & money with you when you come.



(Circle One)

Mr. _____ Birthdate ____ / ____ / ____

Mrs., Miss _____ Birthdate ____ / ____ / ____

Address _____

City/State/Zip _____

E-mail Address _____

Phone (____) _____

Name of Church Group _____

City/State _____

I agree to abide by all camp rules and will assume full responsibility for my physical welfare and will not hold the Bill Rice Ranch liable in case of sickness or accident.

Camper's Signature _____ Date _____

Deaf Adult Retreat 2026

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

Please list Children

Name Birthdate

Medical & Insurance Info

Personal or church insurance will be primary, and the Bill Rice Ranch will provide excess coverage.

Insurance Company: _____

Group & Policy Numbers: _____

Name of Policy Holder: _____

☐ I am not covered by insurance.

Please check the appropriate box/boxes: (This will be kept confidential)

☐ Diabetes/Hypoglycemia (sugar problems)

☐ Heart condition/problems

☐ Epilepsy

☐ Environmental Allergies

☐ Problems with heat

☐ Thyroid problems

☐ Lupus

☐ High blood pressure

☐ Asthma

☐ Drug Allergies, please list: _____

☐ Food Allergies, please list: _____

☐ If camper has ever had allergic reaction requiring

EMERGENCY action, please explain: _____

☐ Other, please list: _____

Date of last tetanus shot: _____

☐ Medications taken on a regular basis, please list name of

medicine and dose: _____

NOTE: Anyone requiring special dietary foods **MUST** bring their own foodstuffs if a supplement beyond regular meal is required.