

# 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](mailto: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 \_\_\_\_\_

### 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)

<input type="checkbox"/> Diabetes/Hypoglycemia (sugar problems)	<input type="checkbox"/> Thyroid problems
<input type="checkbox"/> Heart condition/problems	<input type="checkbox"/> Lupus
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Environmental Allergies	<input type="checkbox"/> Asthma
<input type="checkbox"/> Problems with heat	
<input type="checkbox"/> 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.

### Deaf Adult Retreat 2026

#### Office Use Only

Fees \_\_\_\_\_ Bal. \_\_\_\_\_

Date \_\_\_\_\_ ID# \_\_\_\_\_

#### Please list Children

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_