



BILL RICE RANCH

Couples Retreat

December 3 - 5, 2026

Highlights: Outstanding preaching services and enjoyable activities including a candlelight dinner, leisurely hikes, the game room, horse rides (*horse ride tickets are \$8 each*), putt-putt golf, and more. You will enjoy five delicious meals and make friends from around the country.

Registration: Send registration form and \$30 per couple to the Ranch Registrar. Early reservation dates assure you a place at camp (capacity of thirty couples). Registration fees are non-refundable, but are transferable. The retreat begins Thursday with check-in from 1-4 PM and ends Saturday before noon. For directions to the Ranch, visit our website: www.billriceranch.org.

What to bring: **Men:** casual clothes for activities and services. Jeans are fine but no shorts, please. **Ladies:** bring skirts, dresses, or culottes/athletic wear of proper length (knee-length) and fullness. No shorts, slacks, or capris, please. No children, no smoking, and no pets, please.

Accommodations: Deluxe rooms with a double bed, AC/heat, carpet, private bath, and linens.

Mail registration form. Please enclose registration fee (\$30). **Note: Registration fees are non-refundable. Questions? Call: 1-800-253-RICE, ext. 0125**

Mail to: Bill Rice Ranch 627 Bill Rice Ranch Road, Murfreesboro, TN 37128 Visit our website: www.billriceranch.org for more details and other exciting events!



Please keep upper portion for your reference!

Please print and complete all sections with **camper** information.

(Circle One)

Mr. _____ Birthdate ____ / ____ / ____

Mrs. _____ 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 _____

Couples Retreat 2025

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

Medical & Insurance Info

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

Insurance Company: _____

ID Number: _____

Group/Policy Numbers: _____

Name of Policy Holder: _____

Birthdate of Policy Holder: ____ / ____ / ____

We are 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.