



BILL RICE RANCH

Guest Speaker:

Katrina Bonner

Host Speakers:

Wil & Sena Rice
and Mary Rice

Ladies' Retreat

Fruits of the Spirit

October 1-3, 2026 | \$140

Cost: \$140

Includes:
\$10 registration fee,
five meals, and
lodging.

Save \$10 if you
register by Sept. 24

Registration: The retreat opens Thursday with check-in from 1-5 PM. Activities begin with the opening meeting at 5:30 PM. The retreat ends Saturday before noon. Early reservation dates assure you a place in this retreat. For directions to the Ranch, visit our website: www.billriceranch.org.

Craft Tables: If you are interested in selling crafts at our Country Fair, please indicate below how many tables you would like to reserve. Cost is \$10 per table and may be paid upon arrival. Make table reservations early because space is limited! Craft tables are available for registered campers who attend all day on Friday.

What to bring: Bring skirts, dresses, or culottes/athletic wear of proper length (knee-length) and fullness. (Optional activities will include horseback riding, hiking, etc.) No shorts, slacks, or capris. No children under 12, please. No smoking and no pets.

Other information: All rooms are heated and air-conditioned. For standard rooms, rental linens are available; or you may bring your own sleeping bag or blanket, twin sheets, pillows, etc. A limited number of deluxe rooms are available on a first-come-first-served basis. The deluxe room cost is an additional \$50 per room. Call for details.

Mail in registration form. Please enclose registration fee (\$10). **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)

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 _____

Ladies' Retreat 2026

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

Please ✓ all that apply:

☐ Group Leader ☐ Adult ☐ Teen

Lodging:

☐ Standard ☐ Deluxe

Reserve a table for **Craft Fair** - \$10 per table

Type of craft _____

Number of tables needed _____

(space is limited - get your reservation in early!)

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: _____

☐ 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

☐ Drug Allergies, please list: _____

☐ Thyroid problems

☐ Lupus

☐ High blood pressure

☐ Asthma

☐ 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.