



# CONFERENCE on *Marriage & the Home* Bill Rice Ranch May 6-8, 2010

**Cost: \$175 per couple**  
Includes \$30 registration fee, five meals, lodging, and most activities.

**Conference Speakers:** Pastor Frank Gagliano and Evangelist Chris Miller

**Highlights:** Outstanding preaching services and enjoyable activities including a candlelight dinner, leisurely hikes, the game room, horse rides, putt-putt golf, frisbee golf, and more. You will enjoy five delicious meals and make friends from around the country. *(Horse ride tickets are \$4 each)*

**Registration:** Send registration card and \$30 per couple to Ranch Registrar. Early reservation dates assure you a place at camp. Registration fees are non-refundable, but are transferable. The retreat begins Thursday with registration from 1-4 P.M. and ends Saturday before noon. For directions to the Ranch, visit our website: [www.billriceranch.org](http://www.billriceranch.org)

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

**Accommodations:** Our Deluxe Rooms with AC and heat. Carpeted rooms, private bath, and linens provided.

**Registration Form** Please enclose registration fee (\$30). **Note: Registration fees are non-refundable. Questions? Call: 1-800-253-RICE, ext. 125**  
Mail to: Bill Rice Ranch 627 Bill Rice Ranch Road, Murfreesboro, TN 37128 Visit our website: [www.billriceranch.org](http://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)*

Rev. Mr. \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_

Mrs. \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_

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 \_\_\_\_\_

## Conference on Marriage & the Home - May 2010

### 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: \_\_\_\_\_

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.