



# MEN'S RETREAT HOME IMPROVEMENT

**Bill Rice Ranch**  
**November 5-6, 2010**  
(Friday evening - Saturday afternoon)

**Cost: \$45**  
Includes \$10 registration fee, three buffet-style meals, and lodging.

**Guest Speaker:** **Dr. Gene Lasley**, Pastor for over 46 years  
**Host Speakers:** Evangelists **Wil Rice IV** and **Bill Rice III**

**Registration:** Registration is from 1-4 P.M. on Friday, and supper begins at 6 P.M. Horse rides, wagon ride tours, game room, putt-putt golf, and recreation center available Friday afternoon. This retreat ends Saturday afternoon. For directions to the Ranch, visit our website: [www.billriceranch.org](http://www.billriceranch.org)

**What to bring:** Bring sport clothes for activities and services. Jeans are fine but no shorts, please. No smoking and No pets, please!

**Other information:** No children under 12, please. All rooms are heated and air-conditioned. For standard rooms, rental linens are available; or you may bring your own sleeping bag or blanket, 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 night per room. Call for details.

**Registration Form** Please enclose registration fee (\$10). **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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 \_\_\_\_\_

## Men's Retreat - 2010

### Office Use Only

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

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

Please  all that apply:

- Group Leader       Bus Driver
- Adult                       Teen

### Lodging:

- Standard     Deluxe     Campsite

## 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.