Bill Rice Ranch

FATHER AND SON ADVENTURE

May 18-19, 2018

Cost:
$30 per person
Includes $10 registration fee, three meals, and lodging.

Host Speaker: **Evangelist Wil Rice IV**

Registration: The retreat begins Friday with check-in from 3-6 PM (CST) and ends Saturday with lunch. The evening meal on Friday begins at 6 PM. Reservations should be made early and confirmed with a registration form and $10 per person. Balance may be paid upon arrival. For directions to the Ranch, visit our website: *www.billriceranch.org*

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

Other information: Enjoy horse rides (Friday afternoon only, $5 each), a rodeo, inflatables, Battle Ball, hikes, putt-putt golf, Cowboy Town, delicious meals, and more! Rental linens are available, or you may bring your own sleeping bag or blanket, sheets, pillows, etc. No children under 6 years of age, please.

Mail registration form to: **Bill Rice Ranch** 627 Bill Rice Ranch Road, Murfreesboro, TN 37128. Please enclose registration fee ($10 per person).
Note: Registration fees are non-refundable. Visit our website: **www.billriceranch.org** for more details and other exciting events!
Questions? Call 1-800-253-RICE ext. 125. ***Please keep upper portion for your reference!***

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

(Circle One)

Rev. Mr. _____ 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 _____

Father & Son Adventure - 2018

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

Please List Sons

Name	Birthdate

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: _____

❑ 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.