

Bill Rice Ranch 2012



Deaf Adult

Conference JULY 29–AUGUST 2, 2012

Speakers & Teachers



Ronnie Rice



Allen Snare



Nathan McConnell

Come back to the Bill Rice Ranch for:

- Helpful Bible preaching each day from Evangelists Ronnie Rice, Allen Snare, and Nathan McConnell
- Swimming
- Fun activities each afternoon
- Delicious food served buffet-style
- An affordable and Christ-centered vacation
- Fellowship with deaf adults from around the country
- All rooms air-conditioned!

General Information for Conference

Location: Two miles from Hwy 840, exit 47–Almaville Road. Hwy 840 travels around the south-east side of Nashville connecting I-40, I-24, and I-65. Head south after exiting 840, and Almaville Road will end at Hwy 96. Turn left to go east, and the entrance to the Ranch will be on the south side, plainly marked by a lighted sign.

Transportation: Passengers may be met at the Nashville airport or Nashville bus station (\$5 per person per trip). Bus passengers will be met at Murfreesboro bus station at no charge. Send your travel schedule if you wish to be met.

Medical: Information and instructions for taking medication should be sent on registration card. Diabetics or others on special diets must bring their own foodstuffs if supplement beyond regular meal is desired.

Arrival: Plan to be on the Ranch for the first meal and first service. A good beginning is important to the success of the entire camp. Deaf Adult Conference begins Sunday at 3 P.M. (CDT). The first meal is served at 5:30 P.M. The first service begins at 7:30 P.M. The week ends Thursday night. Plan to leave by 8 A.M. Friday.

Reservations: In order to reserve a place on the Ranch, write or phone the Registrar for registration cards and information:

Bill Rice Ranch
627 Bill Rice Ranch Road
Murfreesboro, TN 37128
615-893-2767
registration@billriceranch.org

As little as
\$160!

For more information

Go online billriceranch.org 

or call **1.800.253.RICE x125**

Space is limited—*register early!*

Early reservations assure you a place at camp. Registration fees cannot be refunded or applied to campership fees, but they are transferable.

Cost: \$160 per person. Includes \$20 registration fee. Air-conditioned rooms with bunk beds; bring your own linens or rent from us.

Upgrade: Private Deluxe Rooms available for individuals or married couples only. Air-conditioned, double bed, carpeted, private bath. Linens provided. Individual: \$330; Couple: \$530. Contact Registrar early to upgrade—**space is limited!**

Activities: Deaf people have a wonderful time at the Bill Rice Ranch. They may swim, ride horses, play ball, play putt-putt golf, hike, or relax on our large, beautiful Ranch.

Every morning, Bible classes will be taught using ASL and total communication. Gospel services are held each morning and evening.

What to Bring

Bedding: Bring your own or rent from us. We have sheets, blankets, pillow cases, washcloths, and towels.

Men/Boys: Sport clothes. Jeans are fine. No shorts, please.

Women/Girls: Dresses and skirts (knee length). For horse riding and sports—culottes (split skirts) of knee length and proper fullness. No slacks, shorts, capris, or two piece swim suits.

Everyone: Bible, writing material, bedding (bunk beds), soap, towels. No smoking!

You may want to bring money for: Cowboy Cookouts and Trail Rides (\$4.00- \$12.00), Souvenirs, Books, Snacks, Etc.



Deaf Adult Conference Registration

- Please enclose registration fee.
- **Note: Registration fees are non-refundable.**
- For arrival times please refer to attached information.

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

Week _____

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

(Circle One)

Rev. Mr. _____ Birthday ___ / ___ / _____

Mrs. Miss. _____ Birthday ___ / ___ / _____

Address _____

City/State/Zip _____

E-mail Address _____

Arrival Date _____ 20____ 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 _____

Please ✓ all that apply:

- | | | |
|----------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Junior | <input type="checkbox"/> Group Leader |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Teen | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Adult | | |

List Children

Name	Birthdate
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(On back of card please list any medical information necessary.)

Medical & Insurance Info

This section must be completed by a parent or guardian for registration to be finalized. 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.

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.

CONSENT FORM

All minors must have this signed

I hereby give permission for my child/dependent to take part in all Ranch activities including sports and horse-back riding (unless otherwise indicated) and absolve the Ranch from liability to me or my child because of any injury received while attending camp at the Bill Rice Ranch. In case of any accident or serious illness, I hereby authorize the Ranch to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request the Ranch to notify me.

Parents/guardians must sign:

Father _____

Mother _____

Emergency #s (____) _____
(____) _____

Please check the appropriate box/boxes: (This will be kept confidential)

- | | |
|---|--|
| <input type="checkbox"/> Diabetes/Hypoglycemia (sugar problems) | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Heart condition/problems | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Problems with heat | |
| <input type="checkbox"/> Drug Allergies, please list: _____ | |

Food Allergies, please list: _____

