

Sabine Creek Ranch

YOUTH CAMP PARENT'S GUIDE

Please make sure the following forms are included with your parent's packets:

- 1. Camper Registration (2 pages)*
- 2. Medication Form*
- 3. Food Allergy Form*
- 4. Camper Excused Release Form*
- 5. Camp Cash Bracelet Order Form*

Helpful hints for Parents...

Communication:

From home to camp: 1-888-382-9877

Office hours – 8 to 5 daily

Use same number after hours for emergencies only.

E-mail access through www.sabinecreek.com.

CAMP GIFT STORE ITEMS ARE ALSO AVAILABLE ON OUR WEBSITE. ITEMS PURCHASED ONLINE WILL BE DISTRIBUTED TO YOUR CHILD WHILE THEY ARE AT CAMP. THIS IS A GREAT WAY TO ENCOURAGE YOUR CAMPER TO HAVE A GREAT WEEK!

Fax number 1-888-382-9877

Please Address Letters to your camper like this:

Mailing address: Child's Name
Church attending Camp with
Sabine Creek Ranch
576 Sabine Creek Road
Royse City, TX 75189

NOTE: Please be sure to mail this in enough time that the letter or card will arrive during the child's stay at camp.

Common Questions asked by Parents:

1. Will my child be able to call home?

We hope your child will be so busy that they won't have time to think about calling home! However, if a real need does arise, the Sabine Creek Administration or Church Leader will call the parents.

2. What do I do if my child should become homesick?

Please encourage your child to stay at camp. In the event that your child becomes severely homesick, we will contact you to come pick them up from camp.

3. What do I do if there is a crisis at home?

If at all possible, wait for your child to return home before breaking the news. If it is a crisis your child needs to know about during camp, please call the Sabine Creek Ranch office.

4. Can I visit my child at the camp?

For safety reasons and to prevent distractions, visitors are not permitted during camp.

5. How can I help my child have a positive experience at camp?

Daily pray for your child and his/her counselor. Take a positive approach in preparing your child for the week. Help him/her understand the importance of obeying camp and cabin rules.

6. How much money will my child need?

The camp "canteen" and gift shop will be open at various times throughout the week. The canteen will sell drinks and snacks (\$1-\$2). Gift shop items available will be relatively inexpensive (T-shirts, small gift items, crafts and activities) (\$1-\$15).

7. What is the best way to send money with my child for camp?

Your church will be selling Camp Cash Bracelets that have \$10 in redeemable tabs. You may buy them through your church or on our website once your child is at camp. This is the safest option for sending money to camp! NOTE: Tabs are void if detached from bracelet and tabs should only be removed at the time of purchase. You may also send cash but we suggest you send only **ONE DOLLAR BILLS** so that they will not have to carry such big bills around camp.

What to Bring:

- * Bible, notebook and pen
- * Bedding for a twin sized bed or sleeping bag, pillow
- * Insect repellent
- * Sunscreen
- * Comfortable casual clothing: jeans, pants, sweats, and T-shirts, shorts (shorts and tops should be modest– no undergarments showing, Girls shorts must have a 5 inch inseam -guys must wear shirts at all times and girls must wear a cover garment going back and forth to swimming areas)
- * Clothes that can get dirty (for messy games)
- * Closed toe shoes
- * Bathing suit (Girls swimsuits can be 1- piece, tankini, only if the top and the bottoms touch, or a 2-piece with a dark t-shirt worn over it at all times.)
- * Flashlight with batteries
- * Towels, washcloths and all toiletries (shampoo, deodorant, etc.)
- * An expectancy to have a great time!

You will be outside often - please have your child pack accordingly!

A few things you may also want to bring:

- * Camera
- * Shower shoes
- * Travel alarm clock
- * Rain gear (pray you won't need it)
- * Spending money in small bills (***Buy a camp cash bracelet!***)
– for gift shop and canteen purchases

Please do NOT bring:

- * Fireworks
- * Guns (real, squirt or paintball) or weapons of any kind
- * Drugs or alcohol
- * Shaving cream or silly string
- * Cell Phones
- * Jewelry
- * iPods, Mp3 Players, video games etc.
- * Anything you wouldn't want to lose

****Please note that Sabine Creek Ranch is not responsible for lost or stolen items.****

Sabine Creek Ranch

SUMMER CAMP FORMS

These are all of the forms you will need for campers, parents and counselors. Please use the pdf file that is included on the CD in this folder. If you have any problems opening the CD or file please contact the camp office so that we can get you the forms you need.

NOTE: Print MED form on cardstock and place in ziploc bag with medications (No sticker labels).

Sabine Creek Ranch

CAMPER EXCUSED RELEASE FORM (PLEASE TURN FORM IN TO YOUR CHURCH LEADER.)

CHURCH _____

CAMPER NAME _____

REASON FOR BEING EXCUSED FROM CAMP _____

Permission for camper excused absence

From _____ at _____
DATE TIME

To _____ at _____
DATE TIME

Church Representative's Signature _____

Camper's Signature _____

Parent's Signature _____

Parent's Phone # _____

Sabine Creek Ranch

Adult / Leader/Sponsor

Registration/Consent and Release Form (18 years of age and over)

Name: _____ Email: _____

Address: _____ City _____ St _____ Zip _____

Phone #: _____ Social Security # _____

I am attending with _____ Church

Please check here _____ if you do not want to be added to Sabine Creek's newsletter, mail-outs, etc.

Medical conditions relevant to Camp Health Officer include _____

Have you ever been convicted of a felony, misdemeanor, or sexual offense? Yes No

In case of an emergency, please contact _____

Phone # (Home) _____ (Office) _____

If I am unable to make a decision on my own behalf regarding medical care, I authorize Sabine Creek Ranch Staff, Camp Health Officer or Group Leader to make emergency medical decisions for me. Sabine Creek's Notice of Privacy Practices uses and discloses health information about you for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that you receive.

Family physician: _____ Phone #: _____

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED WHILE AT SABINE CREEK RANCH, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless Sabine Creek Ranch and their officers, directors, agents, employees, volunteers and representatives (the "Indemnified Parties") from and against any and all liability, damages, actions, cause of action, claims, losses and/or expenses, including but not limited to attorney's fees, court costs and expenses, arising in connection with or based on injury to or death of an persons or property, including the loss of use thereof, caused in whole or in part by any member of the Group or the Group Leadership, regardless of whether or not caused in whole or in part by the negligence of the indemnified parties, or any one or more of them. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties. I further give permission and consent to Sabine Creek Ranch for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Sabine Creek Ranch with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Sabine Creek Ranch or any of their employees related to any actions of Sabine Creek Ranch taken in accordance with this paragraph.

I agree that venue for any dispute or cause of action arising out of or related to this agreement or related to my participation at Sabine Creek Ranch shall be exclusively in a court of competent jurisdiction located in Rockwall County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that:

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and have understood.

Insurance in Name of: _____ Insured's S.S. # _____

Insurance Policy # _____

Company _____ Address _____ Phone # _____

Signature: _____ Date: _____

Sabine Creek Ranch

YOUTH CAMP REGISTRATION

Please type or print legibly in DARK INK. Don't leave anything blank! We cannot assume that a blank space means "none," so if your answer is "none" or "not applicable", please write in "none" or "N/A". Forms with missing information will be returned to you.

Name (First) _____ (Last) _____ Sex (M/F) _____
 School Grade completed as of camp _____ Birth date ____/____/____ Age Now _____ T-Shirt Size _____
 Home Phone (Area Code)(_____) _____ Parent E-mail: _____
 Address _____ City _____ State _____ Zip _____
 Church I am coming to Camp with: _____ City _____
 Church where I attend or am a member: _____ City _____

I promise to obey all camp rules and I will cooperate with the camp staff, the adult leaders and my fellow campers.

Camper's signature _____

Name of Parent or Guardian:		Who to contact in an emergency (name and relationship to camper):	
Daytime phone: ()	Evening phone: ()	Daytime phone: ()	Evening phone:()
Medical Doctor's name:	Office phone: ()	Dentist's Name	Office phone: ()

I understand that any youth or adult with a high fever will be sent home immediately. I hereby authorize the camp nurse or camp director to administer the medication listed on this form. If a medical emergency should arise while the above youth or adult is in attendance at Sabine Creek Ranch, I hereby authorize the camp nurse or camp director to provide care to this youth or adult and/or transport them to a medical facility. I further authorize the health care provider to administer necessary care upon arrival at the medical facility.

Signature of parent/guardian or adult camper: _____ Print name: _____ Date: _____

I certify that I am aware of the inherent risks to my child associated with participating in camp activities, including archery, BB range, swimming and ropes course, and residing on camp property. I give my child permission to participate in all organized camp activities. I agree to be financially responsible for any damage to or destruction of camp property, including, but not limited to, acts of graffiti by my child. I agree that in the event my child becomes a discipline problem, my child will be sent home at my expense and forfeit all monies paid.

The undersigned, whether rider, or parent/legal guardian of rider agrees to defend, indemnify and hold Eddie Walker, Sarah Walker, Gospel Association of Dallas DBA Sabine Creek Ministries, Sabine Creek Ranch, Inc., a Texas corporation, and its or their employees, agents, subcontractors, officers, directors, and owners (hereinafter collectively referred to as "Management") harmless from and against any liability for any injury, loss or death suffered while on the premises or while engaged in any activity whatsoever or in any location whatsoever that is in any way associated with Management, and from and against any and all claims, losses, liabilities, attorneys' fees, medical fees, costs and expenditures incurred by or asserted against Management, and from and against any and all claims including claims for injury or loss suffered, whether or not such injury or loss resulted directly or indirectly, from any reason including, but not limited to, the negligent or grossly negligent acts or omissions of Management. In other words, I agree to defend, indemnify and hold Management harmless for its own negligence, contributory negligence and gross negligence.

Furthermore, the undersigned agrees that Management shall not be liable or responsible for, and shall be indemnified and held harmless by the undersigned from and against any and all suits, actions, losses, damages, claims, or liability of any character, type or description, including all expenses of litigation, court costs, and attorney's fees, for injury or death to any person or animal, or injury to any real or personal property, received or sustained by any person or persons, or animal or property, arising out of, or occasioned by, directly or indirectly, the use of the Premises, or any condition of the Premises or any other Premises owned, leased or controlled by Management, including claims and damages arising in whole or in part from the negligence or gross negligence of Management, its agents, employees, servants, or any other person entering upon the Premises.

I further give permission and consent to Sabine Creek Ranch for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Sabine Creek Ranch with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium.

In the event that any one or more of the provisions contained in this Release shall be held to be invalid, illegal or unenforceable in any respect, that invalidity, illegality, or unenforceability shall not affect any other provision in this Release and this Release shall be construed as if such invalid, illegal, or unenforceable provision had never been included. We authorize medical and surgical treatment or hospital care to be rendered to my child as needed in the judgment of the treating physician chosen by the Sabine Creek Administrator or an employee working under him/her. I/We authorize the Camp Health Officer to administer medications as prescribed and programmed on the Dosage/Time Chart Form.

I have read, understand, and agree to the terms contained above, and sign this on behalf of my child:

Parent/Guardian _____ Date _____

Phone (_____) _____ Address: _____

CAMPER INFORMATION

This information is for a (please circle only one):		Child / Youth	Adult (18 or over)
First name:	Last name:	Height:	Weight:

All prescription and non-prescription medications must be kept in the Sabine Creek Health Center for administration in accordance with the physician's prescription and parent's instructions listed on this form. With the exception of asthma inhalers, campers are not allowed to keep or self-administer any medications according to the Texas Department of Health. If your child requires prescription or non-prescription medications while at camp please complete the Medication Dosage/Time Chart. List any medical problems, medical alerts, allergies or other pertinent health information.

Insurance Information

Insured parent _____	
Health Care Provider _____	Phone # _____
Policy ID # _____	Group # _____
Primary Care Physician _____	Phone # _____
Please attach a copy of your current insurance ID card.	

Medical History

Circle any conditions camper or adult has or has had: Diabetes Epilepsy Asthma Heart Thyroid Kidney Other							
Specific Explanation:							
Broken bones (list bones):		Bleeding Disorders:			Any other condition:		
*Allergies (any and all):							
IMPORTANT! - Please check your child for head lice at this time and, especially, prior to departure for the camp.							

Immunization Records

*VERY IMPORTANT! – Texas state law requires that certain items of information are included and completely filled out. We are asking your cooperation as leaders and parents to make sure that all information is correct and accurate. This form must have allergy and current immunization information listed with exact dates for anyone under 18. We know this may be an inconvenience to you but state law requires us to immediately send guests home who do not have complete and accurate records. Thanks for your help!	
Immunizations:	DPT / DT Polio MMR Other:
Exact Date:	_____
(Only if applicable) I have chosen to not have my child immunized: (Signature) _____	
List only medications currently being taken by camp participant and sent with them to camp:	Specific instructions on taking each medication, i.e. how much, how often, certain times, etc....
1.	
2.	
3.	
4.	
**All medications must be sent in a Ziploc bag with camper name and church clearly marked on it. It must be in the original container. According to Texas law, all medications, prescription & non-prescription, must be held & dispensed by the camp nurse or physician ONLY . The only exceptions are asthma inhalers or other emergency meds that need to be carried at all times but they must be reported & listed here.	

I give my permission for the Health Care Provider to give the over-the-counter medications circled below in accordance with standard label directions:	
pepto bismol	swimmer's ear med
Tylenol/Acetaminophen	benadryl cream
Advil/Ibuprofen	Decongestant Cough Medicine
Antihistamine	

Sabine Creek Ranch

Sabine Creek ALLERGY & SPECIAL DIETARY NEED

Fax Completed Form to 1-888-382-9877 no later than 7 days prior to camp start

***PLEASE ONLY TURN IN THIS FORM IF YOU HAVE A FOOD ALLERGY OR SPECIAL NEEDS.**

Church Name _____ Dates of Camp _____

Camper Name: _____ Age: _____ Gender: M or F

Parent Name: _____ Camper Grade: _____

Parent Phone: _____ Parent E-mail: _____

Is parent attending camp with camper? YES or NO

If parent is not attending, name of person responsible for child's dietary needs during camp _____ (Camper must be accompanied to enter kitchen)

List Allergies or explain special dietary needs:

Reaction caused/ medications required upon allergic reaction:

Is camper aware of his/her allergies? YES or NO

Is camper able to monitor his/her own food requirements? YES or NO

Is camper bringing some of his/her own food? YES or NO If YES, please list below:

*A special place is designated in the kitchen for camper to keep his/her own food. Food should be packaged in a sealable container – Ziploc or plastic – and should be labeled on the outside. Camper may have snacks in cabin if approved by the church leader.

Sabine Creek Ranch understands cross contamination and will make every effort to prevent any problems. We will strive to work with campers and parents to make their time at camp a great dining experience.

Camper Medications

Step 1: List all routine medications that need to be administered while at camp.

Step 2: Fill out all blanks and place this label on the outside of a large Ziploc bag.

Step 3: Place enough of listed medications in the zip-loc bag and give to church leader.

ALL MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH YOUR CHILD'S NAME OR IN THE ORIGINAL OVER-THE-COUNTER PACKAGING.

[Exceptions: Asthma inhalers (prescribed by doctor) and antidote for allergic reactions (epi-pen)]

The information listed on this form is correct and complete. I hereby give permission for the camp nurse to administer the medication as directed.

Parent signature (required) _____

Parent contact number: _____

Doctor Name and #: _____

Camper's Name: _____ M F

Age: _____ Church: _____

Guardian's Name: _____

Allergies: _____

Drug Name	Dose	Dosage Instructions To be given at:	Camp Dosing Log (to be filled out by Camp Health Officer during week of camp)					
			MON	TUES	WED	THUR	FRI	
		Breakfast Lunch As needed	Dinner Bedtime At camper's request					
		Breakfast Lunch As needed	Dinner Bedtime At camper's request					
		Breakfast Lunch As needed	Dinner Bedtime At camper's request					
		Breakfast Lunch As needed	Dinner Bedtime At camper's request					

Notes: _____

Sabine Creek Ranch

DATE OF CAMP: _____

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Notes: _____

Sabine Creek Ranch

DATE OF CAMP: _____

Sabine Creek Ranch

CAMP FAX-IN REGISTRATION

- Due date: _____ (one week prior to camp)
- FAX TO: **1-888-382-9877**
(Note: Fax is also a voice mail. Keep sending if the voice mail picks up.)

NOTE: This form must be faxed in on the due date. After this time, you may add campers (if space is available- please confirm this with SCR before making additions), but you may not subtract from this number. Contracted minimum applies (see #1 on page 2 of camp contract.)

Today's date: _____ Camp dates: _____

CHURCH NAME: _____ CITY: _____

YOUR NAME: _____ PHONE: _____

Cell phone # at which you can be reached during your camp session: _____

NUMBER OF PEOPLE ATTENDING CAMP

CABINS:

of boys _____ # of male counselors _____ Total # of males _____

of girls _____ # of female counselors _____ Total # of females _____

Total # campers in cabins (boys, girls and counselors/adults) _____

CAMP SHIRTS: Please fill out the # of shirts you will need for your group. This includes campers and counselors. We will do our best to accommodate the sizes you need but we will reserve shirts in the order that we receive your registration forms. (2X & 3X should be requested in advance to ensure availability.)

youth medium _____ youth large _____

adult small _____ adult medium _____ adult large _____

adult x-large _____ adult 2XL _____ adult 3XL _____

Hotel Rooms Requested:

Occupant(s) name(s): _____

(Must have been reserved in advance. Additional charge.)

Sabine Creek Ranch

CAMP CASH BRACELET ORDER FORM - CHURCH

Please use this form to turn in your total camp cash bracelet order. Please have all money collected and totalled so that we can accurately distribute the number of bracelets you need. If you determine that you will need more during camp, we will be happy to add them to this order form so that there will be a record of all purchases. This should prove to be much more effective for all us.

CHURCH NAME: _____

of Bracelets _____ x \$10 = _____

AMOUNT PAID: \$ _____

FORM OF PAYMENT: _____

DATE RECEIVED: _____

SIGNATURE OF RECIPIENT: _____

FOR OFFICE USE ONLY:

Additional Bracelets Ordered: # of Bracelets _____ x \$10 = _____ Amount Paid: \$ _____ Purchased by: _____ Date Received _____

Additional Bracelets Ordered: # of Bracelets _____ x \$10 = _____ Amount Paid: \$ _____ Purchased by: _____ Date Received _____

Additional Bracelets Ordered: # of Bracelets _____ x \$10 = _____ Amount Paid: \$ _____ Purchased by: _____ Date Received _____

Additional Bracelets Ordered: # of Bracelets _____ x \$10 = _____ Amount Paid: \$ _____ Purchased by: _____ Date Received _____

This Year we are offering an easier way for parents to send camp cash with their kids to camp. Please use this order form to collect money and orders from parents and guardians. When you get to camp you will need to trade in the money collected for the Bracelets. At the end of camp any child that has money left on their bracelet will be asked to turn in the remaining balance, and this balance will be donated to the staff mission trip fund. Tabs are not redeemable if removed from the bracelet.

CAMP CASH BRACELET ORDER FORM

Ten Tab Cash Tag

\$1	\$1	\$1	\$1	\$1
-----	-----	-----	-----	-----

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Stubs Void If Detached Sabine Creek Ranch ○

○

Camper Name _____

Parent Name _____

of Bracelets _____ x \$10 = _____

Amount Paid: _____ Form of Payment _____

CAMP CASH BRACELET ORDER FORM

Ten Tab Cash Tag

\$1	\$1	\$1	\$1	\$1
-----	-----	-----	-----	-----

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Stubs Void If Detached Sabine Creek Ranch ○

○

Camper Name _____

Parent Name _____

of Bracelets _____ x \$10 = _____

Amount Paid: _____ Form of Payment _____

Sabine Creek Ranch

ABOUT THE RANCH:

ADDRESS: 576 Sabine Creek Rd, Royse City, TX 75189

PHONE #: 1-888-382-9877

FAX: 1-888-382-9877

WEBSITE: www.sabinecreek.com

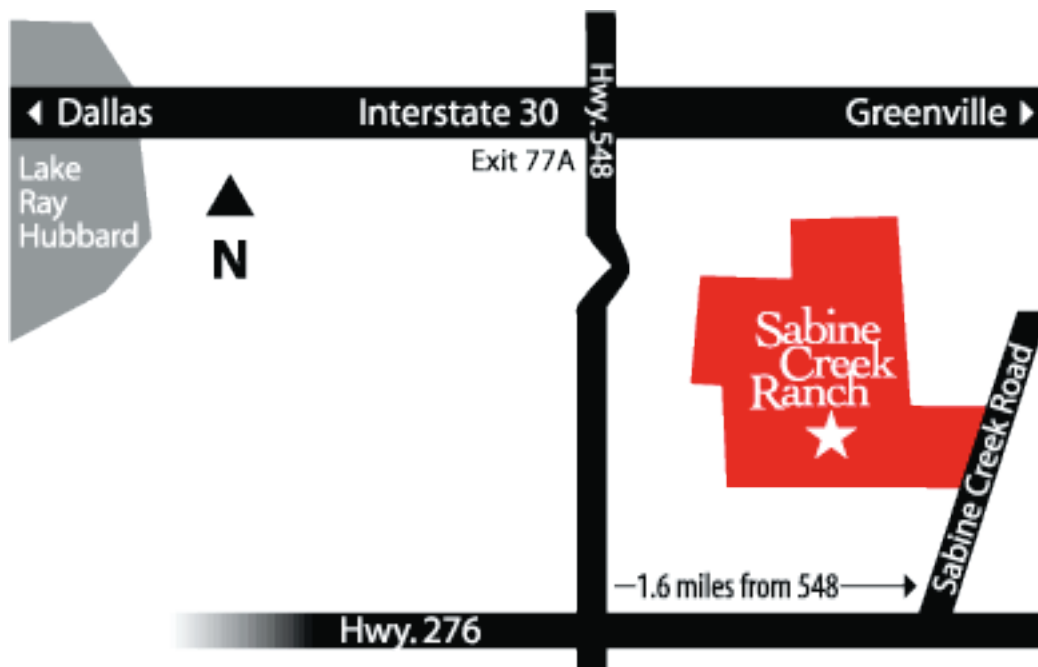
E-MAIL: Rob@sabinecreek.com or Julie@sabinecreek.com

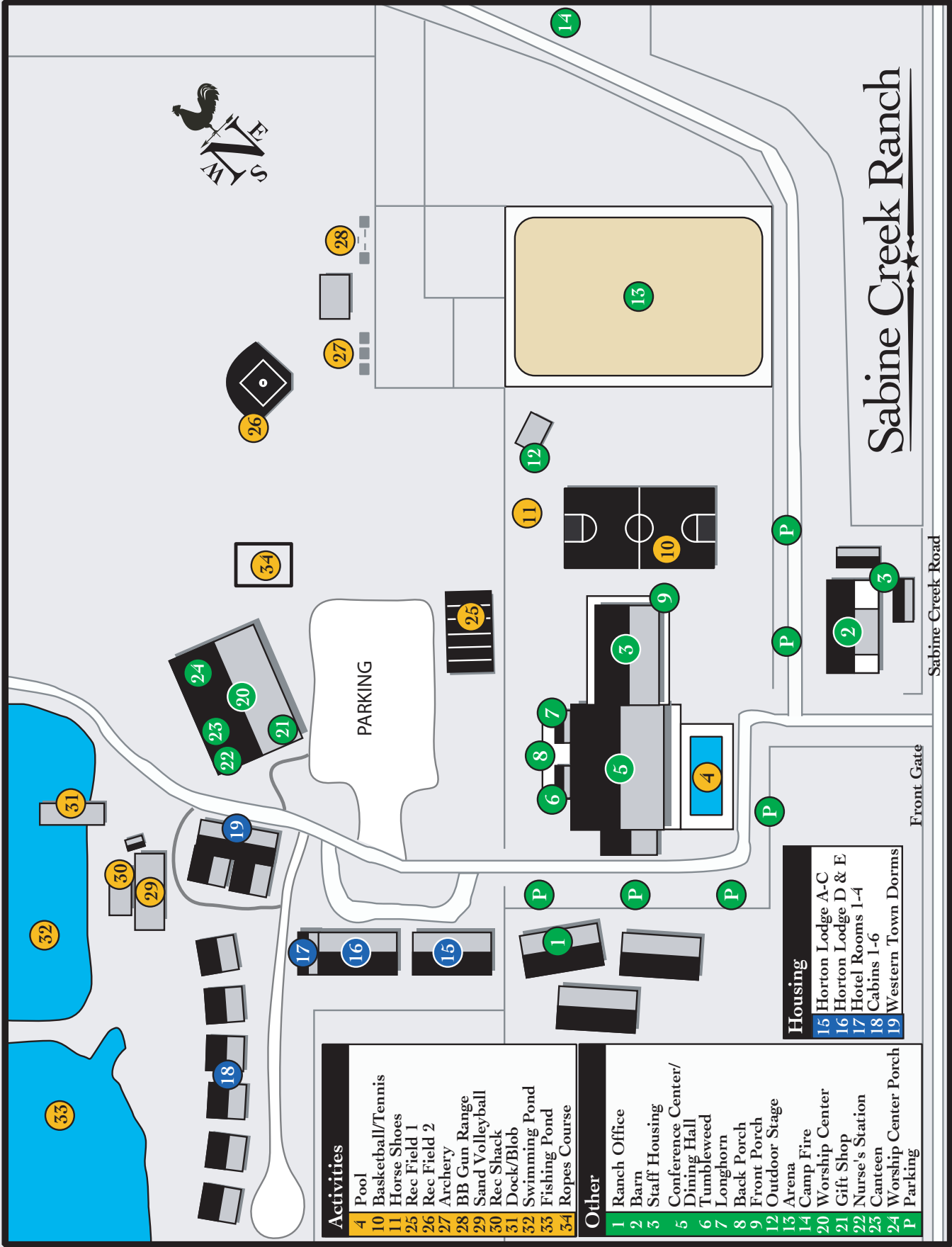
DIRECTIONS:

Directions from Downtown Dallas:

Take Interstate 30 east through Garland and Rockwall to Highway 548 in Royse City. Turn right (south). Approximately 5 miles, turn left on Highway 276. Go 1.2 miles to Sabine Creek Road. Veer left onto Sabine Creek Road. Gate is 1/2 mile down on left.

MAP TO THE RANCH:





Activities

- 4 Pool
- 10 Basketball/Tennis
- 11 Horse Shoes
- 25 Rec Field 1
- 26 Rec Field 2
- 27 Archery
- 28 BB Gun Range
- 29 Sand Volleyball
- 30 Rec Shack
- 31 Dock/Blob
- 32 Swimming Pond
- 33 Fishing Pond
- 34 Ropes Course

Other

- 1 Ranch Office
- 2 Barn
- 3 Staff Housing
- 5 Conference Center/
Dining Hall
- 6 Tumbleweed
- 7 Longhorn
- 8 Back Porch
- 9 Front Porch
- 12 Outdoor Stage
- 13 Arena
- 14 Camp Fire
- 20 Worship Center
- 21 Gift Shop
- 22 Nurse's Station
- 25 Canteen
- 24 Worship Center Porch
- P Parking

Housing

- 15 Horton Lodge A-C
- 16 Horton Lodge D & E
- 17 Hotel Rooms 1-4
- 18 Cabins 1-6
- 19 Western Town Dorms

Sabine Creek Ranch

Sabine Creek Road

Front Gate

PARKING