

PLEASE NOTE

1. The Center is unable to provide wheelchairs or other medical equipment for personal use. Please bring what you need. For information on local equipment rentals, please see the bottom of this sheet. The suppliers will deliver items to your hotel, motel, or to the Event Site as you wish.
2. You may request seating for one companion by checking the appropriate box. Companions must be able to attend to all the Special Needs guest's needs including using the restroom. Either male or female companion may accompany the Special Needs guest into the companion restroom. Please do not expect this service from sevadars. Companions must remain with the Special Needs guest at all times and must be able to attend to their needs. Additional family members/friends must enter and sit with the general sangat.
3. Please bring your 2025 Special Needs Access Card with you to each Satsang Program. Those who come without a 2025 Special Needs Access Card will have to stand in line at the Special Needs entry to receive a seating pass.

WHEN AND HOW TO APPLY

1. **You must apply every year for a Special Needs Access Card and Parking Pass** if you wish to attend any Satsang Program where the Master will be present. Please complete the Application Form and return it to your Secretary. If you are not affiliated with a satsang, please submit your application directly to the Satsang Program Center as instructed for secretaries below.
2. **If you have other questions**, please email specialneeds.wr@gmail.com or call the Special Needs sevadar at 707.413.7530. **Applications submitted after the cut-off date (June 30th, 2025) will not be processed.** If you do not have a valid Special Needs Access Card, you must either enter through the general entrance and sit in the general seating area or obtain a Special Needs Access Card at the Special Needs entrance.
3. **For Secretaries and those without a local satsang:** Email the application to specialneeds.wr@gmail.com.

STATE HANDICAPPED PLACARD AND MOBILITY-IMPAIRED PARKING RULES

Those with State Handicapped Placard/Plate, a Mobility-Impaired Parking Pass or a Special Needs Access Card may be dropped off at the Main Hall along with their medical equipment and companion. **Others in the vehicle must enter through the general sangat entrance.** Petaluma honors handicapped placards from all states.

Please Note – Those with state handicapped placard/plate and Mobility-Impaired sangat still need to apply for a Special Needs Access Card to sit in the Special Needs section.

OTHER CONCERNS

1. The Center will not provide any medications or prescriptions for medications. Those requiring medications or special diets, and those with diabetic condition, blood sugar or allergies are asked to bring what they require.
2. The Petaluma site is quite large with walking distances up to 1/4 mile. Those needing assistance walking are requested to bring their own cane, scooter, walker, rollator or wheelchair.
3. Certified Service Animals are permitted. No Emotional Support Animals allowed.
4. Please check the website: www.petalumaprogram.org for last minute updates.

Wheelchair rental in Petaluma area – It is recommended to call to arrange for rental before you arrive.

Norcal Medical Supply
620 Petaluma Blvd. North, #A
Petaluma, CA 94952
707.769.9606

Sonoma Surgical Supply
4975 Sonoma Highway, CA-12
Santa Rosa, CA 95409
707.539.5151

Redwood Empire Med Supply
6620 Redwood Drive
Rohnert Park, CA 94928
707.585.6800

SEATING PASS AND/OR MOBILITY-IMPAIRED PARKING PASS

To obtain Special Needs seating and/or Mobility-Impaired Parking Passes for events during 2025, **please answer every question and return your completed application to your local Secretary by June 30th, 2025. For those without a local sangat, please email the application to specialneeds.wr@gmail.com.**

APPLICANT INFORMATION – PLEASE PRINT CLEARLY

First Name: _____ Male Female Birth Year: _____
 Last Name: _____ Phone: (____) _____ – _____
 Address: _____ Phone: (____) _____ – _____
 City: _____ Email: _____
 State and Zip: _____ *Please print email address clearly.*
 Country: _____ Sangat: _____

SPECIAL NEEDS ACCESS CARD SEATING – PLEASE RESPOND TO EVERY STATEMENT

- I request wheelchair transport from the entrance to the seat: Yes No
- I will be sitting in my own, or a rental, wheelchair that I will bring with me: Yes No
- I will be sitting in my own, or a rental, scooter: Yes No
- I will bring a companion with me: Yes No
- I will bring an oxygen canister for my use: Yes No
- I will bring a Certified Service Animal: Yes No

CHOOSE ONLY ONE OF THE FOLLOWING – I will be using:

- a Walker a Rollator Walker Cane(s)
- Crutches No walking aid required I prefer to sit with the general sangat

CHOOSE ONLY ONE OF THE FOLLOWING – (Simultaneous Translation is also available in General Sangat seating)

- Simultaneous translation (with volume control) into English
- Simultaneous translation (with volume control) into Spanish
- Hearing assistance (increased volume only, NO TRANSLATION)

DEAF SERVICES – CHOOSE ONLY ONE OF THE FOLLOWING

- American Sign Language translation
- Closed Captioning in English only

Other aids and/or accommodations or services I will need that are not covered above: _____

HANDICAPPED PARKING AND SHUTTLE SERVICE – PLEASE CHOOSE ONLY ONE OF OPTIONS BELOW

- I will be arriving by bus, taxi or Uber/Lyft and will need shuttle service from the parking lot to the Satsang Hall Entrance.
- I will be arriving in a personal vehicle and will need a Mobility-Impaired Parking Pass.
- I have trouble walking and will need a Mobility-Impaired Parking Pass.

By signing this application form I consent to processing by RSSB-A, RSSB and Science of the Soul®-America and its affiliated societies of the personal data on this application form, to the use of this data to the extent necessary to achieve the purpose of this application and consent to receive email (Please refer to the privacy policy concerning personal data at www.rssb.org). Also, my signature indicates my AGREEMENT to the rules and policies regarding this event:

Applicant's Signature: _____ **Date:** _____
Secretary's Signature: _____ **Date:** _____
Secretary's Name: _____ **Contact Information (phone or email):** _____