

## 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 may deliver items to your hotel or motel.
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 2026 Special Needs Access Card with you to each Satsang Program. Those who come without a 2026 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 Special Needs Application 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 [specialneedsfay@gmail.com](mailto:specialneedsfay@gmail.com) or call the Special Needs sevadar at 954.546.1979. **Applications submitted after the cut-off date (DUE DATE TBD 2026) will not be processed.** If you do not have a valid Special Needs Access Card, you may not use Entrance One, and instead should enter with the general sangat and then ask a sevadar to direct you to the Special Needs entrance to obtain a Special Needs Access Card.
3. **For Secretaries and those without a local satsang:** Email the application to [specialneedsfay@gmail.com](mailto:specialneedsfay@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.** Fayetteville honors handicap 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 walking distance from Special Needs Parking Lot B to Entrance One has a slight incline. You may choose to use a shuttle or request drop-off if necessary.
3. Certified Service Animals are permitted. No Emotional Support Animals are allowed.
4. Please check the website: [www.fayettevilleprogram.org](http://www.fayettevilleprogram.org) for last minute updates.

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

### Family Medical Supply, Inc.

1637 Owen Drive  
Fayetteville, NC 28304  
910.323.1529, then dial 0.

**SEATING PASS AND/OR MOBILITY-IMPAIRED PARKING PASS**

To obtain Special Needs seating and/or Mobility-Impaired Parking Passes for events during 2026, **please answer every question and return your completed application to your local Secretary by DUE DATE TBD, 2026. For those without a local sangat, please email the application to [specialneedsfay@gmail.com](mailto:specialneedsfay@gmail.com).**

**APPLICANT INFORMATION – PLEASE PRINT CLEARLY**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State and Zip: \_\_\_\_\_  
Country: \_\_\_\_\_

Male  Female Birth Year: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
Please print email address clearly.  
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

**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'm bringing my own wheelchair 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](http://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):** \_\_\_\_\_