Goshen 2024

PARKING ON SITE

Due to construction, there is limited parking at the Goshen Center. To help meet the needs of the sangat, we encourage you to carpool and use charter buses and hotel shuttles.

To park at the Goshen Center, you must obtain a Parking Pass by submitting the Parking Pass Application to your Secretary by **June 16th**, **2024**.

Parking Passes will be issued on a first come, first served basis.

- 1. Family Area Families with strollers only.
- 2. High Occupancy Vehicles (HOV) / Carpools vehicles with five (5) or more persons.
- 3. All other vehicles will be directed to Overflow Parking. Please note that a Parking Pass will still be required to park in the Overflow Parking.
- 4. Special Needs and Mobility-Impaired with a Special Needs Parking Pass please fill out the Special Needs application and indicate that you require a parking pass. You do NOT need to fill out this application.

If you are directed to Overflow Parking, a shuttle bus will take you to and from the Satsang Hall.

PARKING PASS APPLICATION – PLEASE PRINT CLEARLY

For any inquires please call (845) 801-0291.

Additional information about parking will be published on goshenprorgam.org as it becomes available.

APPLICA	NT INFORMATION									
First Na	me			Sangat						
Last Na	me			Telephone						
Addre	ess			Email						
С	City			State			Zip			
Parking Designation (select only ONE):				Vehicle Information:						
Onsite	A. Families with Children in Strollers	s 🗆		Personal		License Plate				
	B. HOV-5 (vehicles with 5 or more) 🗆				License Plate State				
C. Overflow Parking				Rental						
Total n]	Parking Pass required for:								
Of those, how many are children in strollers?				Saturday	urday 🗆		Sunday			
of the perso	his application form I consent to processing by nal data on this application form, to the use of t to receive email (Please refer to the privacy p MENT to the rules and policies regarding this	this d	ata con	to the extent ne	ecessa	ry to achieve	the purpose	of thi	is application	
Applicant's Signature:				Date:						
Secretary's Signature:				Date:						
Secretary's Name: Contact Information (phone or email):										