

RSVP for DSALA New Family BBQ on Saturday, September 24, 2011

Name of Baby with Down syndrome:

First and Last _____

Relationship and Name, First & Last

Mom: _____

Dad: _____

: _____

: _____

: _____

: _____

Number of guests over 10 years of age: _____

\$5 per person over age 10, total enclosed: \$_____

Mail to: DSALA
16461 Sherman Way, Suite 180
Van Nuys, Ca 91406

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