

**RSVP for DSALA New Family Picnic on
Saturday, September 8, 2018**



First and Last name of baby with Down syndrome:

First and Last Name of all other attendees and relationship to child

What city do you live in? _____

Number of guests over 3 years of age: _____
(\$5 per person over age 3)
FREE for children under 3

Total enclosed: \$ _____
Mail to: DSALA
16461 Sherman Way, Suite 180
Van Nuys, CA 91406



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