

Single _____ (Add additional cost)

Please assign roommate:

Smoker ____ Non smoker ____

Please circle size for T-shirt:

S M L XL XXL

Language Spoken: English [] French []

Amount enclosed \$ _____ (US Currency only)

Make check payable and send with the completed form to:

**DC-Dakar Ghana 2003
2000 Upshur St., NE
Washington, DC 20018**

**For additional information please contact:
U.S. Africa Sister Cities Foundation, Inc.
2000 Upshur St., NE
Washington, DC 20018
Tel: 202-238-4736 or 202-635-7479
Fax: 202-635-4140
Email: shirleys@upo.org or srs-usasc@rcn.com**

