**MAPANG Guest House - BOOKING FORM**

*Please fill in appropriate shaded areas, email to* **office@mapang.org**

|  |  |
| --- | --- |
|  Check **IN** Date (use letters for month) |  |
|  Estimated **time of arrival**, and from where |  |
|  Check **OUT** Date (check out time is 10am) |  |
| **ROOM TYPE (chose ONE – single, couple, family or group)** |
| **Single traveller:** Some of the rooms are shared with 1 other person or more.  And some are single-private, which are double the rate of a shared-room bed.  |
| First name: |  | Last name |  |
| Male: |[ ]  Female: |[ ]   Type of accommodation: | Private: |[ ]  Shared: |[ ]
| **Husband and Wife:** You will be booked in a room for just the two of you. Please include first & last names. |
| Husband: |  | Wife: |  |
| **Family Room (only for immediate family):** please give **names and** **ages** of each of the children |
| Husband: |  | Wife: |  |
| Child 1: |  | Child 2: |  |
| Child 3: |  | Child 4: |  |
| **Groups**: Please complete this section for the **group leader**. But please also list ALL team members’ names,  gender & affiliation/ status / other relevant information **in your email**. |
| Group Leader: |  | No of people |  |
| Description: |  |
| **MEALS:** **Frozen (microwaveable) meal packs** and snacks can be bought in the office for K25 **A served dinner** on M,T,W & F is **at 6pm** for K44. Breakfast is included in the room rate and is from 6-9am.  |
| **Dinner**: |[ ]  Special diet/allergies |  |
| **AFFILIATION: complete ONE of these sections, either 1, 2 or 3** |
| 1. **Full-time Missionary, or full-time or retired mission/church worker /pastor**
 | In PNG: |[ ]  Outside PNG: |[ ]
|  Are you billing an SIL project account? |  | Acc # |  |
|  Are you with SILPNG, BTA, GCS, MAF, ECPNG or Salv’n Army?  |  |
|  Your organization (if not those above) |  |
|  Or who are you here to serve with/visit? |  |
|  Are you working full-time for a church, or retired full-time church/mission worker?  |  |
|  Name of church, your position, city |  |
| 1. **Visitor**: are you coming to **visit** full time missionaries or churches; **working here for less than 6 months**; or are you

 PNG church members in Port Moresby for church or mission business; or church development agency staff? |
|  Which of the above applies to you? |  |
|  Name of church, family, or organization |  |
|  Location |  |
| 1. **All Others:** **This section would apply if you do not fit into the previous two categories.**
 |
|  Purpose of your time in Port Moresby: |  |
| **CONTACT INFORMATION** |
|  GUEST’S email |  | Guest’s ph |  |
|  City |  | State/province |  | Country |  |
|  In case of emergency – a person to contact |  | ICE Ph : |  |