**MAPANG Guest House - BOOKING FORM**

*Please fill in appropriate shaded areas, email to* [**office@mapang.org**](mailto:office@mapang.org)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 : | |  | | | | | |