**MAPANG Guest House - RESERVATION REQUEST FORM**

*Please fill in appropriate shaded areas, email to* [**office@mapang.org**](mailto:office@mapang.org)*. See* [**www.mapang.org**](http://www.mapang.org) *for Guest information.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Check **IN** Date (use letters for month) | | | | | | | | | | | | | |  | | | | | | | | | | |
| Estimated Time of Arrival (check-in time is noon) | | | | | | | | | | | | | |  | | | | | | | | | | |
| Check **OUT** Date (check out time is 10am) | | | | | | | | | | | | | |  | | | | | | | | | | |
| **ROOM TYPE** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Single traveller:** Most of the rooms are dorms. MAPANG only has a few rooms for “single private” accommodation, which  Is double the rate of a dorm room bed. If you are a single traveller, please complete this section: | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 of both. | | | | | | | | | | | | | | | | | | | | | | | | |
| Husband: | | |  | | | | | | | | | | Wife: | |  | | | | | | | | | |
| **Family Room (must be immediate family, not extended family):** please also give ages of each of the children | | | | | | | | | | | | | | | | | | | | | | | | |
| Husband: | | |  | | | | | | | | | | Wife: | |  | | | | | | | | | |
| Child 1: | | |  | | | | | | | | | | Child 2: | |  | | | | | | | | | |
| Child 3: | | |  | | | | | | | | | | Child 4: | |  | | | | | | | | | |
| Child 5: | | |  | | | | | | | | | | Child 6: | |  | | | | | | | | | |
| **Groups**: Please complete this section for the team leader. But please also list ALL team members’ names & affiliation/  status / other information in your email. | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | |  | | | | | | | | | | Last name | |  | | | | | | | | | |
| Group Name: | | |  | | | | | | | | | | | | | | | | | | | | | |
| **MEALS:** Breakfast is included on the morning after your stay. Please mark with **X in the box** if you desire **lunch** and/or  **dinner,** which are available for an additional cost of K33 each. | | | | | | | | | | | | | | | | | | | | | | | | |
| Lunch: | |  | Dinner: | | |  | | Special dietary needs/ allergy: | | | | |  | | | | | | | | | | | |
| **AFFILIATION: complete either 1, 2 or 3** (This determines if discounts are applicable)**:** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Full-time Missionary, PNG pastor or church worker** | | | | | | | | | | | | | | | | | In PNG: | |  | Outside PNG: | | | |  |
| Are you with SIL? | | | | |  | | SIL Acc # | | |  | | | | | | | | | | | | | | |
| Are you with BTA, GCS, MAF, NTM, ECPNG or Salv’n Army? | | | | | | | | | | | | |  | | | | | | | | | | | |
| Sending Organization (if not those above) | | | | | | | | | | |  | | | | | | | | | | | | | |
| Or who are you here to serve with/visit? | | | | | | | | | | |  | | | | | | | | | | | | | |
| Are you a PNG national in full-time service for a church? (may be required to provide proof from church): | | | | | | | | | | | | | | | | | | | | | |  | | |
| Name of church, your position, city | | | | | | | | | | |  | | | | | | | | | | | | | |
| 1. **Missionary Associate**: ie, pastors & church staff from outside PNG; short-term (under 6 mths) missionaries; extended   family &/or supporters of full-time missionaries in PNG; PNG pastors, workers or Christian School staff visiting Port Moresby for church or mission business; church development agencies | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the above applies to you? | | | | | | | | | | |  | | | | | | | | | | | | | |
| Name of the 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** | | | | | | | | | | | | | | | | | | | | | | | | |
| Your email | | | |  | | | | | | | | | | | phone | |  | | | | | | | |
| City |  | | | | | | | | State/province | | |  | | | | Country | | |  | | | | | |
| In case of emergency –a person to contact | | | | | | | | | | |  | | | | | | | ICE Ph : |  | | | | | |