**MAPANG Guest House - RESERVATION REQUEST FORM**

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

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|  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 : |  |