**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 (rooms are available at noon) | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Check **OUT** Date (check out time is 10am) | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **ROOM TYPE** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 dorm 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: | |  | | | | | | | | | | |
| Child 5: | | |  | | | | | | | | | Child 6: | |  | | | | | | | | | | |
| **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:** **Lunch is at 12 noon** for K22. Not usually available on weekends or on the day you travel here.  **Dinner is at 6pm** for K33. Breakfast is free on the morning AFTER your stay. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lunch**: | |  | **Dinner**: | |  | Special diet/allergies | | | | | |  | | | | | | | | | | | | |
| **AFFILIATION: complete ONE of these sections, either 1, 2 or 3** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Full-time Missionary, or full-time mission/church worker /pastor** | | | | | | | | | | | | | | | | | In PNG: | |  | Outside PNG: | | | |  | |
| Are you with SIL PNG? | | | | | | | |  | Acc # |  | | | | | | | | | | | | | | | |
| Are you BTA, GCS, MAF, NTM, 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. **Missionary Associate**: anyone **visiting** full time missionaries or churches; **short-term worker** staying less than   6 mths; PNG church members in Port Moresby for church or mission business; church dev’ment 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** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your email | | | |  | | | | | | | | | | | phone | |  | | | | | | | | |
| City |  | | | | | | State/province | | | |  | | | | | Country | | |  | | | | | | |
| In case of emergency –a person to contact | | | | | | | | | |  | | | | | | | | ICE Ph : |  | | | | | | |