FLIGHT BOOKING REQUEST FORM v 04-25



Today's Date:					
		Organisation:			
Contact info for this booking request:		Name:			
Mobile:		Email:			
Flight Request:	Date of Flight:	Type of Flig	jht: 🗆	Shuttle	□ Charter
For Charter Flights:	Departure Time:	Return Depa	arture Time:		
Charter Route:					

Passenger Information

	Name	Tel.		Title	Body Weight (kgs)	F	om	То
2.								
3.								
l.								
5.								
、								
7.								
Luggage Informati	on infant up to 2	age allowance is years (includes pe I luggage weight	ersonal ite	m 20 kg ms)	per adult/ 1) kg per	child up t	
Purpose of Flight	(Relates to purpose for	which one is trave	elling)					
Disaster response	Medevac	Outreach		Cł	nristian Ministr	у	🛛 Heal	th
Education	Aerial Assessment	Commercial	Business	🗆 Er	vironmentalis	m	Livel	ihood
□ Water & Sanitation	☐ Food Security	Equality		□ ci	ean Energy		🛛 Com	munity affairs
Christian Leadership Training		Tourism		□ Other: (<i>please specify</i>)		pecify)		
Passenger (check a	ll that apply)							
Community Worker	Government worker	Patient		School staff			□ Student	
Development worker	Christian leader	Patient relati	ve	Missionary			Businessperson	
Environmental worker	Health worker	□ Other (Please specify)						
Freight (Check all the	at apply)							
☐ Medicines & vaccines	☐ Medical Equipment	Food	Food Education Supplies		upplies		☐ Animals	
Building material	Christian resources	Tools	Cor	Commercial goods			Personal belongings	
Renewable energy Tech	nology Dother (Please	specify)						

MAF Guinea is privately funded by donations through MAF International and local user contributions.

Passenger Information (continued)

	Name	Phone Nr.	Title	Body Weight (kgs)	From	То
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

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