



# MIB Travel with Shoreside Study Tours

Recognised by the Israeli Embassy in London &  
The Israel Ministry of Tourism

## *Correspondence address:*

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Tel / Fax: 01934 620156 www.mibtravel.co.uk Email: mark@mibtravel.co.uk

To book your place on the trip, please complete those sections that are appropriate.

Please book \_\_\_ place(s) on the tour led by [Robin & Sue Aldridge \(Prayer Tour\)](#) from 18th to 27th March 2022 at a cost of £1,200

**The final cost is subject to fluctuation due to the unstable exchange rates following Brexit.**

1<sup>st</sup> Name: Rev / Mr / Mrs / Miss \_\_\_\_\_ Date of birth \_\_\_ / \_\_\_ / \_\_\_

2<sup>nd</sup> Name: Rev / Mr / Mrs / Miss \_\_\_\_\_ Date of birth \_\_\_ / \_\_\_ / \_\_\_

3<sup>rd</sup> Name: Rev / Mr / Mrs / Miss \_\_\_\_\_ Date of birth \_\_\_ / \_\_\_ / \_\_\_

4<sup>th</sup> Name: Rev / Mr / Mrs / Miss \_\_\_\_\_ Date of birth \_\_\_ / \_\_\_ / \_\_\_

Passport Number(s) (1<sup>st</sup> Person) \_\_\_\_\_ Issue Date \_\_\_ / \_\_\_ / \_\_\_ Expiry Date \_\_\_ / \_\_\_ / \_\_\_ Issuing Country \_\_\_\_\_

(2<sup>nd</sup> person) \_\_\_\_\_ Issue Date \_\_\_ / \_\_\_ / \_\_\_ Expiry Date \_\_\_ / \_\_\_ / \_\_\_ Issuing Country \_\_\_\_\_

(3<sup>rd</sup> Person) \_\_\_\_\_ Issue Date \_\_\_ / \_\_\_ / \_\_\_ Expiry Date \_\_\_ / \_\_\_ / \_\_\_ Issuing Country \_\_\_\_\_

(4<sup>th</sup> Person) \_\_\_\_\_ Issue Date \_\_\_ / \_\_\_ / \_\_\_ Expiry Date \_\_\_ / \_\_\_ / \_\_\_ Issuing Country \_\_\_\_\_

***Your name(s) should be printed exactly as on your passport, no abbreviations. Passport must not expire before 18th January 2022.***

***If you need to renew your passport, you can send us the details any time before the end of January 2022.***

Address: \_\_\_\_\_

Post Code \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

**www.mibtravel.co.uk**

Directors: The Rev'd Mark K Madeley & Mrs Caroline Madeley  
Registered Office (not for general correspondence)

Brosnans, Birkby House, Bailiff Bridge, BRIGHOUSE, HD6 4JJ - VAT Number: 802 1181 83

Company Number: 04330579 - Madeley's Israel & Beyond Ltd trading as MIB Travel

MIB TRAVEL IS A RETAIL AGENT OF ATOL 2893



A member of the  
Federation of  
Small Businesses

Please tick \_\_\_ where appropriate to show your preferred option(s):

\_\_\_ I attach a deposit of £300 per person. I will pay the balance, as per my statement, sent from MIB by 31st July 2021.

Cheques payable to **MIB TRAVEL** OR

\_\_\_ I have sent my deposit to Santander Business Banking

Sort code: 09-06-66

Account number: 40822523,

Account name: T/A MIB TRAVEL

Quote: **ALDRIDGE / YOUR SURNAME** as the reference.

**The final cost is subject to fluctuation due to the unstable currency situation following Brexit.**

### Single Rooms

Due to the nature of the accommodation at Beit Bracha, we regret that single rooms are not available for this tour.

### Car Parking and Airport Hotel Accommodation

\_\_\_ Please arrange car parking at my departure airport.

(Details & prices will be sent once you let us know your flights.)

\_\_\_ Please arrange a hotel at my departure airport on 18th March / 27th March (Delete as appropriate. Details and prices will be sent once you let us know your flights.)

### Travel Insurance

Travel insurance is mandatory and we will not accept ANY liability for anyone travelling without adequate travel insurance. You may buy travel insurance from us. Go to [www.mibtravel.co.uk](http://www.mibtravel.co.uk) Click on Holiday Extras and then click on Travel Insurance. The system will guide you through the process and you will be able to pay by card and have your policy documents delivered directly to your inbox. You may also book your car parking and / or airport hotel rooms this way too.

Commission from the car parking, hotel rooms at your departure airport and travel insurance will be donated to CMJ— the parent company of Shoresh Study Tours

We are obliged to say that you need not buy your travel insurance from us, there are many other providers.

It is your responsibility to ensure you are properly covered.

In signing below, I / We accept the terms and conditions that are available on request. I / We note that MIB Travel is only handling the bookings for this tour and nothing else. Robin and Sue Aldridge are handling all other aspects of the tour. I / We acknowledge that I that I must book my own flights in which case this tour is a land only tour and should the tour not go ahead, I / We would not be entitled to any kind of refund in respect of my airfare I / We further acknowledge that should the dollar rate fall, there may be an increase and that there will be an increase for a smaller group. If more than one person is named on the form, I / We confirm that I have their permission to accept these terms.

In line with new regulations, we need to point out that your details will be held by MIB Travel and need to be passed on to the Israeli agent, and the Israeli authorities in order to process this booking. We will not use your details for anything else at all and you will not receive marketing emails or letters from us. Please tick here \_\_\_ to confirm you are happy for us to use your details this way, but note that if you do not want us to, we cannot accept your booking.

In addition we ask your permission to pass on your details to the tour leaders. Even if you know them already, you need to tick here \_\_\_ to confirm that we have your permission to do this.

We also ask your permission to pass your details on to The Church's Ministry Among Jewish People (CMJ). CMJ is the parent company of Shoresh Study Tours and works extensively in this country and Israel. Their work is fascinating. Please tick here if you are happy for us to pass your details to CMJ \_\_\_\_.

You can opt out of CMJ mailings at any time by notifying either MIB Travel or CMJ in writing.

In signing I acknowledge that I need to ensure that I check out, and come into line with Israel's policies concerning Coronavirus. I accept that it is my duty, and that of those in my group, to determine whether I need to have had vaccinations, and whether I need proof thereof. I also acknowledge I, and those with me, are responsible for any required testing and costs.

Signed: \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_