onebitcode {⊌} **ELEMENTOS** 

### Formulário

Documentação Completa

#### Overview de componentes

**Email address** 

```
We'll never share your email with anyone else.
```

Password

Submit

Check me out

```
<form>
   <div class="mb-3">
        <label for="exampleInputEmail1" class="form-label">Email address</label>
        <input type="email" class="form-control" id="exampleInputEmail1" aria-describedby="emailHelp">
        <div id="emailHelp" class="form-text">We'll never share your email with anyone else.</div>
   </div>
    <div class="mb-3">
        <label for="exampleInputPassword1" class="form-label">Password</label>
        <input type="password" class="form-control" id="exampleInputPassword1">
   </div>
    <div class="mb-3 form-check">
        <input type="checkbox" class="form-check-input" id="exampleCheck1">
        <label class="form-check-label" for="exampleCheck1">Check me out</label>
   </div>
    <button type="submit" class="btn btn-primary">Submit</button>
</form>
```

## Tamanho dos inputs

```
.form-control-lg
```

Default input

.form-control-sm

```
<input class="form-control form-control-lg" type="text" placeholder=".form-control-lg" aria-label=".form-control-lg example">
<input class="form-control" type="text" placeholder="Default input" aria-label="default input example">
<input class="form-control form-control-sm" type="text" placeholder=".form-control-sm" aria-label=".form-control-sm example">
```

# <u>Upload de arquivo</u>

Default file input example

Nenhum arquivo escolhido Escolher arquivo

```
<div class="mb-3">
    <label for="formFile" class="form-label">Default file input example</label>
    <input class="form-control" type="file" id="formFile">
</div>
```

Selecionador de cores

Color picker



```
<input type="color" class="form-control form-control-color" id="exampleColorInput" value="#FF0043" title="Choose your color">
```

Username

## First name

Validação de informação

<label for="exampleColorInput" class="form-label">Color picker</label>

Last name

Otto @ Mark Zip City State Choose... Agree to terms and conditions

Submit form

</div>

<div class="col-12">

<button class="btn btn-primary" type="submit">Submit form

</div>

</div>

</form>

```
<form class="row g-3 needs-validation" novalidate>
    <div class="col-md-4">
        <label for="validationCustom01" class="form-label">First name</label>
        <input type="text" class="form-control" id="validationCustom01" value="Mark" required>
        <div class="valid-feedback">
            Looks good!
        </div>
    </div>
    <div class="col-md-4">
        <label for="validationCustom02" class="form-label">Last name</label>
        <input type="text" class="form-control" id="validationCustom02" value="Otto" required>
        <div class="valid-feedback">
            Looks good!
        </div>
    </div>
    <div class="col-md-4">
        <label for="validationCustomUsername" class="form-label">Username</label>
        <div class="input-group has-validation">
            <span class="input-group-text" id="inputGroupPrepend" style="height: 100%;">@</span>
            <input type="text" class="form-control" id="validationCustomUsername" aria-describedby="inputGroupPrepend" required>
            <div class="invalid-feedback">
                Please choose a username.
            </div>
        </div>
    </div>
    <div class="col-md-6">
        <label for="validationCustom03" class="form-label">City</label>
        <input type="text" class="form-control" id="validationCustom03" required>
        <div class="invalid-feedback">
                Please provide a valid city.
        </div>
    </div>
    <div class="col-md-3">
        <label for="validationCustom04" class="form-label">State</label>
        <select class="form-select" id="validationCustom04" required>
            <option selected disabled value="">Choose...</option>
            <option>...</option>
        </select>
        <div class="invalid-feedback">
            Please select a valid state.
        </div>
    </div>
    <div class="col-md-3">
        <label for="validationCustom05" class="form-label">Zip</label>
        <input type="text" class="form-control" id="validationCustom05" required>
        <div class="invalid-feedback">
            Please provide a valid zip.
        </div>
    </div>
    <div class="col-12">
        <div class="form-check">
            <input class="form-check-input" type="checkbox" value="" id="invalidCheck" required>
            <label class="form-check-label" for="invalidCheck">
                Agree to terms and conditions
            </label>
            <div class="invalid-feedback">
                You must agree before submitting.
            </div>
```