import React, { Component } from 'react';

import { Breadcrumb, BreadcrumbItem, Button, Label, Col, Row } from 'reactstrap';

import { Link } from 'react-router-dom';

import { Control, LocalForm, Errors } from 'react-redux-form';

const required = (val) => val && val.length;

const maxLength = (len) => (val) => !val || val.length <= len;

const minLength = (len) => (val) => val && val.length >= len;

const isNumber = (val) => !isNaN(+val);

const validEmail = (val) => /^[A-Z0-9.\_%+-]+@[A-Z0-9.-]+\.[A-Z]{2,4}$/i.test(val);

class Contact extends Component {

    constructor(props) {

        super(props);

        this.state = {

            firstName: '',

            lastName: '',

            phoneNum: '',

            email: '',

            agree: false,

            contactType: 'By Phone',

            feedback: '',

            touched: {

                firstName: false,

                lastName: false,

                phoneNum: false,

                email: false

            }

        };

        this.handleSubmit = this.handleSubmit.bind(this);

    }

    handleSubmit(values) {

        console.log('Current state is: ' + JSON.stringify(values));

        alert('Current state is: ' + JSON.stringify(values));

    }

    render() {

        const errors = this.validate(this.state.firstName, this.state.lastName, this.state.phoneNum, this.state.email);

        return (

            <div className="container">

                <div className="row">

                    <div className="col">

                        <Breadcrumb>

                            <BreadcrumbItem>

                                <Link to="/home">Home</Link>

                            </BreadcrumbItem>

                            <BreadcrumbItem active>Contact Us</BreadcrumbItem>

                        </Breadcrumb>

                        <h2>Contact Us</h2>

                        <hr />

                    </div>

                </div>

                <div className="row row-content align-items-center">

                    <div className="col-sm-4">

                        <h5>Our Address</h5>

                        <address>

                            1 Nucamp Way<br />

                            Seattle, WA 98001<br />

                            U.S.A.

                        </address>

                    </div>

                    <div className="col">

                        <a role="button" className="btn btn-link" href="tel:+12065551234">

                            <i className="fa fa-phone" /> 1-206-555-1234

                        </a>

                        <br />

                        <a role="button" className="btn btn-link" href="mailto:fakeemail@fakeemail.co">

                            <i className="fa fa-envelope-o" /> campsites@nucamp.co

                        </a>

                    </div>

                </div>

                <div className="row row-content">

                    <div className="col-12">

                        <h2>Send us your Feedback</h2>

                        <hr />

                    </div>

                    <div className="col-md-10">

                        <LocalForm onSubmit={(values) => this.handleSubmit(values)}>

                            <Row className="form-group">

                                <Label htmlFor="firstName" md={2}>

                                    First Name

                                </Label>

                                <Col md={10}>

                                    <Control.text

                                        model=".firstName"

                                        id="firstName"

                                        name="firstName"

                                        placeholder="First Name"

                                        className="form-control"

                                        validators={{

                                            required,

                                            minLength: minLength(2),

                                            maxLength: maxLength(15)

                                        }}

                                    />

                                </Col>

                            </Row>

                            <Row className="form-group">

                                <Label htmlFor="lastName" md={2}>

                                    Last Name

                                </Label>

                                <Col md={10}>

                                    <Control.text

                                        model=".firstName"

                                        id="firstName"

                                        name="firstName"

                                        placeholder="First Name"

                                        className="form-control"

                                        validators={{

                                            required,

                                            minLength: minLength(2),

                                            maxLength: maxLength(15)

                                        }}

                                    />

                                    <Errors

                                        className="text-danger"

                                        model=".firstName"

                                        show="touched"

                                        component="div"

                                        messages={{

                                            required: 'Required',

                                            minLength: 'Must be at least 2 characters',

                                            maxLength: 'Must be 15 characters or less'

                                        }}

                                    />

                                </Col>

                            </Row>

                            <Row className="form-group">

                                <Label htmlFor="lastName" md={2}>

                                    Last Name

                                </Label>

                                <Col md={10}>

                                    <Control.text

                                        model=".lastName"

                                        id="lastName"

                                        name="lastName"

                                        placeholder="Last Name"

                                        className="form-control"

                                        validators={{

                                            required,

                                            minLength: minLength(2),

                                            maxLength: maxLength(15)

                                        }}

                                    />

                                    <Errors

                                        className="text-danger"

                                        model=".lastName"

                                        show="touched"

                                        component="div"

                                        messages={{

                                            required: 'Required',

                                            minLength: 'Must be at least 2 characters',

                                            maxLength: 'Must be 15 characters or less'

                                        }}

                                    />

                                </Col>

                            </Row>

                            <Row className="form-group">

                                <Label htmlFor="phoneNum" md={2}>

                                    Phone

                                </Label>

                                <Col md={10}>

                                    <Control.text

                                        model=".phoneNum"

                                        id="phoneNum"

                                        name="phoneNum"

                                        placeholder="Phone number"

                                        className="form-control"

                                        validators={{

                                            required,

                                            minLength: minLength(10),

                                            maxLength: maxLength(15),

                                            isNumber

                                        }}

                                    />

                                    <Errors

                                        className="text-danger"

                                        model=".phoneNum"

                                        show="touched"

                                        component="div"

                                        messages={{

                                            required: 'Required',

                                            minLength: 'Must be at least 10 numbers',

                                            maxLength: 'Must be 15 numbers or less',

                                            isNumber: 'Must be a number'

                                        }}

                                    />

                                </Col>

                            </Row>

                            <Row className="form-group">

                                <Label htmlFor="email" md={2}>

                                    Email

                                </Label>

                                <Col md={10}>

                                    <Control.text

                                        model=".email"

                                        id="email"

                                        name="email"

                                        placeholder="Email"

                                        className="form-control"

                                        validators={{

                                            required,

                                            validEmail

                                        }}

                                    />

                                    <Errors

                                        className="text-danger"

                                        model=".email"

                                        show="touched"

                                        component="div"

                                        messages={{

                                            required: 'Required',

                                            validEmail: 'Invalid email address'

                                        }}

                                    />

                                </Col>

                            </Row>

                            <Row className="form-group">

                                <Col md={{ size: 4, offset: 2 }}>

                                    <div className="form-check">

                                        <Label check>

                                            <Control.checkbox

                                                model=".agree"

                                                name="agree"

                                                className="form-check-input"

                                            />{' '}

                                            <strong>May we contact you?</strong>

                                        </Label>

                                    </div>

                                </Col>

                                <Col md={4}>

                                    <Control.select model=".contactType" name="contactType" className="form-control">

                                        <option>By Phone</option>

                                        <option>By Email</option>

                                    </Control.select>

                                </Col>

                            </Row>

                            <Row className="form-group">

                                <Label htmlFor="feedback" md={2}>

                                    Your Feedback

                                </Label>

                                <Col md={10}>

                                    <Control.textarea

                                        model=".feedback"

                                        id="feedback"

                                        name="feedback"

                                        rows="12"

                                        className="form-control"

                                    />

                                </Col>

                            </Row>

                            <Row className="form-group">

                                <Col md={{ size: 10, offset: 2 }}>

                                    <Button type="submit" color="primary">

                                        Send Feedback

                                    </Button>

                                </Col>

                            </Row>

                        </LocalForm>

                    </div>

                </div>

            </div>

        );

    }

}

export default Contact;