<!DOCTYPE html>

<html>

<head>

<title>Day9-JM</title>

<!--Auther: Jackson Murray

    Last edited: 07/15/21-->

<link rel="stylesheet" href="stylesheet.css">

</head>

<body>

    <center>

<style>

.h1 {

text-decoration:bold;

}

</style>

<table style="border: 2px solid black; background-color:aquamarine;">

<form action="mailto:ljd518912@gnspes.ca?subject=form" method="get" enctype="text/plain">

    <tr style="border: 1px solid black;">

        <td style="border-bottom: 2px solid black;">

        <h1 class="h1">Please try out my test form!</h1>

    </td>

    </tr>

  <tr>

    <td>

    <label for="First name">First name:</label><br>

<input type="text" name="firstname" minlengh="5" required="required"><br>

<label for="Last name">Last name:</label><br>

<input type="text" name="Lastname" required="required"><br>

<label for="Email">E-Mail:</label><br>

<input type="email" name="Email" placeholder="Ex. placeholder@gmail.com" required="required"><br>

<label for="Age">Age:</label><br>

<input type="number" name="Age" minvalue="17" ><br>

<label for="Birthdate">Birthdate:</label><br>

<input type="date"  name="birthdate" required="required"><br>

<label for="Provinces and Territories">Province/territory:</label><br>

<select id="Province/Territory" name="Province/Territory">

<option value="Alberta">Alberta</option>

<option value="British Columbia">British Columbia</option>

<option value="Manitoba">Manitoba</option>

<option value="New Brunswick">New Brunswick</option>

<option value="Newfoundland and Labrador">Newfoundland and Labrador</option>

<option value="Nova Scotia">Nova Scotia</option>

<option value="Ontario">Ontario</option>

<option value="Prince Edward Island">Prince Edward Island</option>

<option value="Quebec">Quebec</option>

<option value="Saskathewan">Saskathewan</option>

<option value="Northwest Territories">Northwest Territories</option>

<option value="Nunavut">Nunavut</option>

<option value="Yukon">Yukon</option>

</select>

<br>

<label for="City">City:</label><br>

<input type="text" name="City" minlength="2"><br>

<label for="Postal code">Postal code:</label><br>

<input type="text" name="postal code" minlengh="6" placeholder="Ex.B3K-2Z1"><br>

<label for="Phone number">Phone number:</label><br>

<input type="tel"  name="Phone number" placeholder="Ex: 902-\_\_\_-\_\_\_" required="required"> <br>

<label for="favorite color">Favorite color:</label><br>

<input type="color" name="color"><br><br>

<input type="Submit" value="Submit"><input type="reset" value="reset"><br><br>

<label for="Do you want to receive E-Mail notifications?">Do you want to receive E-Mail notifications?</label>

<input type="checkbox" id="Yes" name="Yes"><br><br>

<label for="How is my form?">What would you rate my form?</label><br>

<input type="range" minlength="1" maxlength="10"><br>

    </form>

</td>

</tr>

<tr>

<td style="border-top:2px solid black;">

    <center>

<cite>Created by Jackson</cite>

</center>

</td>

</tr>

</table>

</center>

</body>

</html>