

Kamakshi
4MW23CS052

College Event Registration Form

Participant Information	
Full Name:	<input type="text" value="Enter your full name"/>
Email:	<input type="text" value="Enter your email"/>
Phone Number:	<input type="text" value="Enter your phone number"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
College Name:	<input type="text" value="Enter your college name"/>
Department:	<input type="text" value="Enter your department"/>
Year of Study:	<input type="text" value="--Select Year--"/>
Event Type:	<input type="text" value="--Select Event--"/>
Skills / Interests:	<input type="checkbox"/> Programming <input type="checkbox"/> Designing <input type="checkbox"/> Public Speaking <input type="checkbox"/> Sports
Address:	<div><input type="text" value="Enter your address"/></div>
<div><input type="button" value="Register"/> <input type="button" value="Reset"/></div>	