

ASSIGNMENT

Student Form

Name:

Email:

Password:

Gender: ☐ Male

☐ Female

Hobby: ☐ Gardening

☐ Reading

☐ Cooking

City:

Message:

1. Make this form as it is:

Marks = 10

Contact!

Would you like more information? Please drop us a line.!

Personal Information

Name:

Email:

Phone:

Address:

Country:

General Information

I would like more information about the following tours.

<input type="checkbox"/> Backpack Cal	<input type="checkbox"/> California Hotspring	<input type="checkbox"/> California Calm
<input type="checkbox"/> Cycle California	<input type="checkbox"/> Kids California	<input type="checkbox"/> From Desert to Sea
<input type="checkbox"/> Nature Watch	<input type="checkbox"/> Taste of California	<input type="checkbox"/> SnowBoard Cali

Comments

Anything would you like to say about our website.

we don't spam or share your information with anyone else. Read our [privacy policy](#).

Send