<! doctype html>

<html lang="en">

<head>

<meta charset:"UTF-8">

<title>Kyle's Form</title>

</head>

<body>

<h1>This is my form</h1>

<main>

<form action="http://www.webclassesonline.net/cgi-bin/bwhformmail3.pl" method="post" name="Myself">

<input type="hidden" name="subject" value="Attn: My own servey" />

<input type="hidden" name="recipient" value="ko268@lab.icc.edu" />

<label for="FirstName">

Name:

</label>

<input name="Name" id="Name" type="text" size="30" placeholder="Enter your name here" /><br /><br />

<label for="Email">

E-mail:

</label>

<input name="Email" id="Email" size="40" type="email" value="youremail@yourprovider.com" /><br />

<p>Favorite game console</p>

<fieldset>

<input type="radio" id="Computer" name="fav\_consoles" value="Computer">

<label for="Computer">Computer</label><br>

<input type="radio" id="Xbox" name="fav\_consoles" value="Xbox">

<label for="Xbox">Xbox</label><br>

<input type="radio" id="Playstation" name="fav\_consoles" value="Playstation">

<label for="Playstation">Playstation</label><br>

<input type="radio" id="All" name="fav\_consoles" value="All">

<label for="All">All</label>

</fieldset> <br />

<p>Favorite types of movies</p>

<fieldset>

<input type="checkbox" id="Movie genre" name="Movie genre" value="Bike">

<label for="Movie genre">Horror</label><br>

<input type="checkbox" id="Movie genre" name="Movie genre" value="Bike">

<label for="Movie genre">Action</label><br>

<input type="checkbox" id="Movie genre" name="Movie genre" value="Bike">

<label for="Movie genre">Adventure</label><br>

<input type="checkbox" id="Movie genre" name="Movie genre" value="Bike">

<label for="Movie genre">Comedy</label><br>

<input type="checkbox" id="Movie genre" name="Movie genre" value="Bike">

<label for="Movie genre">Science Fiction</label><br>

<input type="checkbox" id="Movie genre" name="Movie genre" value="Bike">

<label for="Movie genre">Animation</label><br>

<input type="checkbox" id="Movie genre" name="Movie genre" value="Bike">

<label for="Movie genre">Fantasy</label><br>

<input type="checkbox" id="Movie genre" name="Movie genre" value="Bike">

<label for="Movie genre">Romance</label><br>

</fieldset>

<p><label for "Fast-food"> Favorite Fast-food</label></p>

<select name="Fast-food" id="Fast-food">

<option>McDonalds</option>

<option>Burger King</option>

<option>Steak n Shake</option>

</select>

<br />

<p><label for="color">What is your favorite color?</label></p>

<input type="color" name="color" id="color" />

<br />

<p><label for="birthday">What is your birthday?</label></p>

<input type="date" name="birthday" id="birthday" />

<br /><br />

<p><label for="comments">Comments:</label></p>

<textarea name="comments" id="comments" rows="5" cols="100">

</textarea>

<br /><br />

<input type="submit" value="I'm Done" />

<input type="reset" value="Clear" />

</form>

</main>

<br /><br /><br />

<a href="../index.html">index page</a>

</body>

</html>