<!DOCTYPE html>

<html>

    <head>

        <meta charset="UTF-8">

        <title>Hotel Booking Form</title>

        <link rel="stylesheet" type="text/css" href="style.css">

    </head>

    <body>

        <div class="flayer">

            <img src="flayer.jpg" alt="">

        </div>

        <form action="" method="GET"></form>

        <fieldset class="head">

            <div class="header">

            <legend><h2>Personal Details</h2></legend>

            </div>

            <div class="input-group">

            <label for="name">Username:</label><input type="text" name="username" id="name" required autofocus placeholder="Your Username" pattern="[a-zA-Z]{3,}" title="please enter in more than three latters">

            <label for="email">Email:</label><input type="text" name="email" id="email" required placeholder="your email" pattern="[a-zA-Z]"{3,}@[a-zA-Z]{3,}[.]{1}[a-zA-Z]{2,}>

            <label for="phone">Phone No:</label><input type="tel" name="phone" id="phone" required placeholder="please enter in your phone in your phone number" pattern="[0-9]{4}[0-9]{3}[0-9]{3}" title="please enter in a phone number in the format:#### ### ###">

            <label for="country">Country:</label>

            <select name="country" required>

                <option value=""> </option>

                <option value="us">USA</option>

                <option value="uk">UK</option>

                <option value="nigeria">Nigeria</option>

                <option value="Aus">AUS</option>

            </select>

            </div>

        </fieldset>

         <fieldset class="head">

             <div class="header">

             <legend><h2>Booking Details:</h2></legend>

             </div>

             <div class="input-group">

            <label for="date">Date:</label> <input type="date" name="date" min="2021-02-02">

             <label for="numer">Number of Gust:</label><input type="number" name="Number of Gust" min="1" max="6">

             </div>

             </div class="input-group">

             <p>Do you require Measls?</p>

             <input type="radio" name="meals" value="Yesmeals">

             <input type="radio" name="meals" value="Nomeals">

            </div>

             <div class="input group">

             <p>Would you need a balcony?</p>

             <input type="checkbox" name="balcony" value="yes" cheked>

             </div>

             <div class="input-group">

            <label for="button">Submit</label> <input type="button">

            </div>

         </fieldset>

    </body>

</html>