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<!DOCTYPE html>
<html>
<!--Molly Patterson 2015 -->
<!--mopatterson-->
<!--registrationForm.html-->
    <head>
        <title>Registration</title>
        <meta charset=utf-8>
        <link rel="stylesheet" type="text/css" href="style.css">
    </head>
    <body>
        <h1>Mosgiel Underwater Hockey Club</h1>
        <div class="register">
            <h2>Registration Form</h2>
            <p>Please complete the form below to register your
interest in Underwater Hockey</p>
            <form method="get" enctype="application/x-www-form-
urlencoded" action="http://web112.otago.ac.nz/112bin/
112formslab.cgi">
                <div>
                    <input type="hidden" name="recipient"
value="patmo016@student.otago.ac.nz">
                    <input type="hidden" name="subject"
value="Registration">
                    <input type="hidden" name="followup-page"
value="http://csnet.otago.ac.nz/mopatterson/project/Submit.html">
                </div>
                <fieldset class="textInputs">
                    <legend>Register Details</legend>
                    <ul>
                        <li>
                            <label for="firstname">First name:</
label>
                            <input type="text" id="firstname"
name="Firstname" required pattern="[A-Z a-z-']+"
placeholder="Please enter your first name" size="26">
                        </li>
                        <li>
                            <label for="surname">Surname:</label>
                            <input type="text" id="surname"
name="Surename" required pattern="[A-Z a-z-']+" placeholder=
"Please enter your surname" size="26">
                        </li>
                        <li>
                        <label for="number">Age:</label>
                        <input type="number" id="number"
name="Age" placeholder= "Please enter your Age" size="22" min="1"
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max="99">
                                <li>
                                    <label for="sender">EmailAddress:</label>
                                    <input type="email" id="sender"
name="sender" placeholder="Please enter your email address"
size="26">
                                </li>
                                <li>
                                    <label for="phone">Phonenumber:</label>
                                    <input type="tel" id="phone"
name="Phone" required pattern= "[0-9 -()]+" placeholder="Please
enter a Phone number" size="26">
                                </li>
                            </ul>
                        </fieldset>
                        <fieldset class="gender">
                            <legend>What gender do you associate yourself
as?</legend>
                            <ul >
                                <li>
                                    <label><input type="radio"
name="gender" id="emailcontact" value="female" required>Female</label>
                                </li>
                                <li>
                                    <label><input type="radio"
name="gender" value="phone" id="phonecontact" required>Male</label>
                                </li>
                            </ul>
                        </fieldset>
                        <fieldset class="button">
                            <legend>How did you learn about Mosgiel
Underwater Hockey Club?</legend>
                            <ul>
                                <li>
                                    <label><input type="checkbox"
name="Source" id="family" value="Family">Family </label>
                                </li>
                                <li>
                                    <label><input type="checkbox"
name="Source" id="friends" value="Friends">Friends </label>
                                </li>
                                <li>
                                    <label><input type="checkbox"
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name="Source" id="online" value="Online">Online </label>
                        </li>
                        <li>
                            <label><input type="checkbox"
name="Source" id="adverts" value="Aderts">Advertisements</label>
                        </li>
                        <li>
                            <label><input type="checkbox"
name="Source" id="other" value="Other">Other </label>
                        </li>
                    </ul>
                </fieldset>
                <div>
                    <fieldset class= "comments">
                        <legend>Additional Comments</legend>
                        <label>
                            <textarea cols="40" rows="4"
id="comments" name="Additional comments" placeholder="Add any
queries you may have here"></textarea>
                        </label>
                    </fieldset>
                    <fieldset>
                        <legend>Submission</legend>
                        <label class="buttons">
                            <input type="reset" name="reset">
                        </label>
                        <label class="buttons">
                            <input type="submit" value="submit">
                        </label>
                    </fieldset>
                </div>
            </form>
            <p> Return to <a href="index.html">Home</a></p>
        </div>
        <p class="footer">This website was created for a
University project. The content is largely fictional and no
services are actually being offered.
        </p>
    </body>
</html>
```