

Bootstrap Example

127.0.0.1:5501/5.2%20C%20Create%20a%20Form%20Web%20Page/public_html/index.html

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Membership Form

Please complete the form below with your details and we will happily add you to our mailing list:

Firstname*:

Please provide a valid First Name.

Surname:

Please provide a valid Surname.

Email:

Please provide a valid Email Address

Mobile:

Please provide a mobile number.

Number of caps owned:

☐ No caps yet

☐ Betw and 10 caps

☐ Between 11 and 29 caps

Please select one or more options.

Place your wear your cap:

Snapback Cap

Trucker Cap

Bucket Hat

Beanie

Beret Cap

Runners Cap

Please select one or more options.

Place your wear your cap:

☐ In the park

☐ At the circus

☐ In the supermarket

☐ At the opera

☐ In the shower

☐ At the dentists


☐ Other...

Please select one or more options.

Write a poem about your cap:


Please enter a message in the textarea.

Select the cap designs you like:




Design_1

Some quick example text to build



Design 2

Some quick example text to build



Design 3

Some quick example text to build