```
<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.01//EN"</pre>
"http://www.w3.org/TR/html4/strict.dtd">
<html class="supernova"><head>
<meta http-equiv="Content-Type" content="text/html;</pre>
charset=utf-8" />
<meta property="og:title" content="Interest Form" >
<meta name="viewport" content="width=device-width, initial-scale=</pre>
1.0, maximum-scale=1.0, user-scalable=0" />
<meta name="HandheldFriendly" content="true" />
<title>Interest Form</title>
<link href="https://cdn.jotfor.ms/static/formCss.css?3.3.18119"</pre>
rel="stylesheet" type="text/css" />
<link type="text/css" rel="stylesheet"</pre>
href="https://cdn.jotfor.ms/css/styles/nova.css?3.3.18119" />
<link type="text/css" media="print" rel="stylesheet"</pre>
href="https://cdn.jotfor.ms/css/printForm.css?3.3.18119" />
<link type="text/css" rel="stylesheet"</pre>
href="https://cdn.jotfor.ms/themes/CSS/566a91c2977cdfcd478b4567.c
ss?"/>
<style type="text/css">
    .form-label-left{
        width:150px !important;
    .form-line{
        padding-top:12px;
        padding-bottom:12px;
    .form-label-right{
        width:150px !important;
    body, html{
        margin:0;
        padding:0;
        background: false;
    }
    .form-all{
        margin:0px auto;
        padding-top:0px;
        width:650px;
        color:#555 !important;
        font-family: "Lucida Grande", "Lucida Sans Unicode",
"Lucida Sans", Verdana, sans-serif;
        font-size:14px;
    }
    .form-radio-item label, .form-checkbox-item label, .form-
grading-label, .form-header{
        color: #555;
    }
</style>
```

```
<style type="text/css" id="form-designer-style">
    /* Injected CSS Code */
.form-label.form-label-auto {
     display: block;
      float: none;
     text-align: left;
     width: 100%;
      }/*PREFERENCES STYLE*/
    .form-all {
      font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-all .gg-upload-button,
    .form-all .form-submit-button,
    .form-all .form-submit-reset,
    .form-all .form-submit-print {
      font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-all .form-pagebreak-back-container,
    .form-all .form-pagebreak-next-container {
      font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-header-group {
     font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-label {
      font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-line {
     margin-top: 12px 36px 12px 36px px;
     margin-bottom: 12px 36px 12px 36px px;
    }
    .form-all {
     width: 650px;
    .form-label-left,
    .form-label-right {
     width: 150px
    .form-all {
```

```
font-size: 14pxpx
.form-all .qq-upload-button,
.form-all .qq-upload-button,
.form-all .form-submit-button,
.form-all .form-submit-reset,
.form-all .form-submit-print {
  font-size: 14pxpx
}
.form-all .form-pagebreak-back-container,
.form-all .form-pagebreak-next-container {
 font-size: 14pxpx
.supernova .form-all, .form-all {
 background-color: ;
 border: 1px solid transparent;
.form-all {
 color: #555;
.form-header-group .form-header {
  color: #555;
.form-header-group .form-subHeader {
 color: #555;
.form-label-top,
.form-label-left,
.form-label-right,
.form-html,
.form-checkbox-item label,
.form-radio-item label {
  color: #555;
.form-sub-label {
 color: #6f6f6f;
}
.supernova {
 background-color: undefined;
}
.supernova body {
 background: transparent;
.form-textbox,
.form-textarea,
.form-radio-other-input,
.form-checkbox-other-input,
.form-captcha input,
```

```
.form-spinner input {
     background-color: undefined;
    .supernova {
     background-image: none;
    #stage {
     background-image: none;
    .form-all {
     background-image: none;
  /*PREFERENCES STYLE*//* INSPECT SEPERATOR */
    /* Injected CSS Code */
</style>
<script src="https://cdn.jotfor.ms/static/prototype.forms.js"</pre>
type="text/javascript"></script>
<script src="https://cdn.jotfor.ms/static/jotform.forms.js?</pre>
3.3.18119" type="text/javascript"></script>
<script type="text/javascript">
   JotForm.init(function(){
      setTimeout(function() {
          $('input 4').hint('ex: myname@example.com');
       }, 20);
     JotForm.clearFieldOnHide="disable";
     JotForm.onSubmissionError="jumpToFirstError";
   });
</script>
</head>
<body>
<form class="jotform-form" action="interest.php" method="post"</pre>
accept-charset="utf-8">
  <div class="form-all">
    type="control head">
        <div class="form-header-group ">
         <div class="header-text httal htvam">
           <h1 id="header_1" class="form-header" data-</pre>
component="header">
             Getting Involved
           </h1>
            <div id="subHeader 1" class="form-subHeader">
             We look forward to your involvement with Campus
Ministry! Please check the boxes below to indicate which
ministries, retreats, programs, conferences, or leadership
opportunities you would like to learn more about.
           </div>
         </div>
```

```
</div>
      type="control fullname">
        <label class="form-label form-label-top form-label-auto"</pre>
for="input 3">
          Full Name
          <span class="form-required">
          </span>
        </label>
        <div class="form-input-wide jf-required">
          <div data-wrapper-react="true">
            <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="text" name="first" class="form-</pre>
textbox" size="10" value="" data-component="prefix" />
              <label class="form-sub-label" for="first"</pre>
style="min-height:13px;"> First Name </label>
            </span>
            <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="text" name="mname" class="form-textbox</pre>
validate[required] " size="4" value="" data-component="first" />
              <label class="form-sub-label" for="mname"</pre>
style="min-height:13px;"> Middle Name </label>
            </span>
            <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="text" name="last" class="form-textbox</pre>
validate[required]" size="15" value="" data-component="last" />
             <label class="form-sub-label" for="last"</pre>
style="min-height:13px;"> Last Name </label>
            </span>
          </div>
        </div>
      id="id 6">
       <label class="form-label form-label-top form-label-auto"</pre>
for="input 6">
          Phone Number
          <span class="form-required">
          </span>
        </label>
        <div id="cid 6" class="form-input-wide jf-required">
          <div data-wrapper-react="true">
            <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
              <input type="tel" name="area" class="form-textbox</pre>
validate[required]" size="3" value="" data-component="areaCode"
```

```
/>
             <span class="phone-separate">
                –
             </span>
             <label class="form-sub-label" for="area"</pre>
style="min-height:13px;"> Area Code </label>
           </span>
           <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="tel" name="number" class="form-textbox</pre>
validate[required]" size="8" value="" data-component="phone" />
             <label class="form-sub-label" for="number"</pre>
style="min-height:13px;"> Phone Number </label>
           </span>
         </div>
       </div>
     id="id 4">
       <label class="form-label form-label-top form-label-auto"</pre>
id="label 4" for="input 4">
         E-mail
         <span class="form-required">
         </span>
       </label>
       <div id="cid 4" class="form-input-wide jf-required">
         <input type="email" name="email" class="form-textbox</pre>
validate[required, Email] " size="30" value="" placeholder="ex:
myname@example.com" data-component="email" />
       </div>
     15">
       <label class="form-label form-label-top form-label-auto"</pre>
id="label 15" for="input 15"> Reason for Contact </label>
       <div id="cid 15" class="form-input-wide jf-required">
         <div class="form-single-column" data-</pre>
component="checkbox">
           <span class="form-checkbox-item" style="clear:left;">
             <span class="dragger-item">
             </span>
             <input type="checkbox" class="form-checkbox"</pre>
name="retreats" value="Retreats" />
             <label for="retreats"> Retreats </label>
           </span>
           <span class="form-checkbox-item" style="clear:left;">
             <span class="dragger-item">
             </span>
             <input type="checkbox" class="form-checkbox"</pre>
name="wedding" value="Wedding" />
             <label for="wedding"> Wedding </label>
           </span>
```

```
<span class="form-checkbox-item" style="clear:left;">
            <span class="dragger-item">
            </span>
            <input type="checkbox" class="form-checkbox"</pre>
name="Choir" value="Chapel Choir" />
            <label for="Choir"> Chapel Choir </label>
          </span>
          </div>
        </div>
       20">
       <label class="form-label form-label-top form-label-auto"</pre>
for="notes"> Notes: </label>
       <div id="cid 20" class="form-input-wide jf-required">
        <textarea class="form-textarea" name="notes" cols="40"</pre>
rows="6" data-component="textarea"></textarea>
       </div>
     <div id="cid 2" class="form-input-wide">
        <div style="margin-left:156px;" class="form-buttons-</pre>
wrapper">
          <button id="input 2" type="submit" class="form-</pre>
submit-button" data-component="button">
            Submit Form
          </button>
        </div>
       </div>
     Should be Empty:
      <input type="text" name="website" value="" />
     </div>
</form></body>
</html>
```