```
<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.01//EN"
"http://www.w3.org/TR/html4/strict.dtd">
<html class="supernova"><head>
<meta http-equiv="Content-Type" content="text/html;
charset=utf-8" />
<meta property="og:title" content="Interest Form" >
<meta name="viewport" content="width=device-width, initial-scale=
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"
rel="stylesheet" type="text/css" />
<link type="text/css" rel="stylesheet"
href="https://cdn.jotfor.ms/css/styles/nova.css?3.3.18119" />
<link type="text/css" media="print" rel="stylesheet"
href="https://cdn.jotfor.ms/css/printForm.css?3.3.18119" />
<link type="text/css" rel="stylesheet"
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>
```

```css
<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 .qq-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 {
```

```css
    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"
type="text/javascript"></script>
<script src="https://cdn.jotfor.ms/static/jotform.forms.js?
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"
accept-charset="utf-8">
  <div class="form-all">
    <ul class="form-section page-section">
      <li id="cid_1" class="form-input-wide" data-
type="control_head">
        <div class="form-header-group ">
          <div class="header-text httal htvam">
            <h1 id="header_1" class="form-header" data-
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>
```

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          </div>
      </li>
      <li class="form-line jf-required" data-
type="control_fullname">
          <label class="form-label form-label-top form-label-auto"
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"
style="vertical-align:top;">
                  <input type="text" name="first" class="form-
textbox" size="10" value="" data-component="prefix" />
                  <label class="form-sub-label" for="first"
style="min-height:13px;"> First Name </label>
              </span>
              <span class="form-sub-label-container"
style="vertical-align:top;">
                  <input type="text" name="mname" class="form-textbox
validate[required]" size="4" value="" data-component="first" />
                  <label class="form-sub-label" for="mname"
style="min-height:13px;"> Middle Name </label>
              </span>
              <span class="form-sub-label-container"
style="vertical-align:top;">
                  <input type="text" name="last" class="form-textbox
validate[required]" size="15" value="" data-component="last" />
                  <label class="form-sub-label" for="last"
style="min-height:13px;"> Last Name </label>
              </span>
            </div>
          </div>
      </li>
      <li class="form-line jf-required" data-type="control_phone"
id="id_6">
          <label class="form-label form-label-top form-label-auto"
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"
style="vertical-align:top;">
                  <input type="tel" name="area" class="form-textbox
validate[required]" size="3" value="" data-component="areaCode"
```

```
/>
                <span class="phone-separate">
                  Â -
                </span>
                <label class="form-sub-label" for="area"
style="min-height:13px;"> Area Code </label>
              </span>
              <span class="form-sub-label-container"
style="vertical-align:top;">
                <input type="tel" name="number" class="form-textbox
validate[required]" size="8" value="" data-component="phone" />
                <label class="form-sub-label" for="number"
style="min-height:13px;"> Phone Number </label>
              </span>
            </div>
          </div>
        </li>
        <li class="form-line jf-required" data-type="control_email"
id="id_4">
          <label class="form-label form-label-top form-label-auto"
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
validate[required, Email]" size="30" value="" placeholder="ex:
myname@example.com" data-component="email" />
          </div>
        <li class="form-line" data-type="control_checkbox" id="id_
15">
          <label class="form-label form-label-top form-label-auto"
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-
component="checkbox">
              <span class="form-checkbox-item" style="clear:left;">
                <span class="dragger-item">
                </span>
                <input type="checkbox" class="form-checkbox"
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"
name="wedding" value="Wedding" />
                <label for="wedding"> Wedding </label>
              </span>
```

```html
            <span class="form-checkbox-item" style="clear:left;">
              <span class="dragger-item">
              </span>
              <input type="checkbox" class="form-checkbox"
name="Choir" value="Chapel Choir" />
              <label for="Choir"> Chapel Choir </label>
            </span>
          </div>
        </div>
      </li>
    <li class="form-line" data-type="control_textarea" id="id_
20">
        <label class="form-label form-label-top form-label-auto"
for="notes"> Notes: </label>
        <div id="cid_20" class="form-input-wide jf-required">
          <textarea class="form-textarea" name="notes" cols="40"
rows="6" data-component="textarea"></textarea>
        </div>
      </li>
      <li class="form-line" data-type="control_button" id="id_2">
        <div id="cid_2" class="form-input-wide">
          <div style="margin-left:156px;" class="form-buttons-
wrapper">
            <button id="input_2" type="submit" class="form-
submit-button" data-component="button">
              Submit Form
            </button>
          </div>
        </div>
      </li>
      <li style="display:none">
        Should be Empty:
        <input type="text" name="website" value="" />
      </li>
    </ul>
  </div>
</form></body>
</html>
```