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<!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" />
<link rel="alternate" type="application/json+oembed"
href="https://www.jotform.com/oembed/?format=json&url=http%
3A%2F%2Fwww.jotform.com%2Fform%2F70895505726162" title="oEmbed
Form"><link rel="alternate" type="text/xml+oembed"
href="https://www.jotform.com/oembed/?format=xml&url=http%3A%
2F%2Fwww.jotform.com%2Fform%2F70895505726162" title="oEmbed
Form">
<meta property="og:title" content="Program" >
<meta property="og:url"
content="http://www.jotform.us/form/70895505726162" >
<meta property="og:description" content="Please click the link to
complete this 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>New Program</title>
<link href="https://cdn.jotfor.ms/static/formCss.css?3.3.18167"
rel="stylesheet" type="text/css" />
<link type="text/css" rel="stylesheet"
href="https://cdn.jotfor.ms/css/styles/nova.css?3.3.18167" />
<link type="text/css" media="print" rel="stylesheet"
href="https://cdn.jotfor.ms/css/printForm.css?3.3.18167" />
<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:#fff;
    }

    .form-all{
        margin:0px auto;
        padding-top:0px;
        width:690px;
        color:#555 !important;

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        font-family:"Lucida Grande", "Lucida Sans Unicode",
"Lucida Sans", Verdana, sans-serif;
        font-size:14px;
    }
</style>

<style type="text/css" id="form-designer-style">
    /* Injected CSS Code */
    .form-label.form-label-auto {

        display: inline-block;
        float: left;
        text-align: left;

        } /* __INSPECT_SEPERATOR__ */
    /* Injected CSS Code */
</style>

<script src="https://cdn.jotfor.ms/js/vendor/jquery-1.8.0.min.js?
v=3.3.18167" type="text/javascript"></script>
<script src="https://cdn.jotfor.ms/js/vendor/maskedinput.min.js?
v=3.3.18167" type="text/javascript"></script>
<script src="https://cdn.jotfor.ms/static/prototype.forms.js"
type="text/javascript"></script>
<script src="https://cdn.jotfor.ms/static/jotform.forms.js?
3.3.18167" type="text/javascript"></script>
<script type="text/javascript">
    JotForm.init(function(){

        JotForm.calendarMonths =
["January", "February", "March", "April", "May", "June", "July", "August
", "September", "October", "November", "December"];
        JotForm.calendarDays =
["Sunday", "Monday", "Tuesday", "Wednesday", "Thursday", "Friday", "Sat
urday", "Sunday"];
        JotForm.calendarOther = {"today":"Today"};
        JotForm.setCalendar("4", false,
{"days":{"monday":true,"tuesday":true,"wednesday":true,"thursday"
:true,"friday":true,"saturday":true,"sunday":true},"future":true,
"past":true,"custom":false,"ranges":false,"start":"","end":""});
        JotForm.setInputTextMasking( 'input_7', '@@##' );
        JotForm.alterTexts({"alphabetic":"This field can only
contain letters","alphanumeric":"This field can only contain
letters and numbers.", "ccDonationMinLimitError":"Minimum amount
is {minAmount} {currency}", "ccInvalidCVC":"CVC number is
invalid.", "ccInvalidExpireDate":"Expire date is
invalid.", "ccInvalidNumber":"Credit Card Number is
invalid.", "ccMissingDetails":"Please fill up the Credit Card
details.", "ccMissingDonation":"Please enter numeric values for
donation amount.", "ccMissingProduct":"Please select at least one
product.", "characterLimitError":"Too many Characters. The limit
is", "characterMinLimitError":"Too few characters. The minimum

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is","confirmClearForm":"Are you sure you want to clear the
form?","confirmEmail":"E-mail does not match","currency":"This
field can only contain currency values.,"cyrillic":"This field
can only contain cyrillic characters","dateInvalid":"This date is
not valid. The date format is
{format}","dateInvalidSeparate":"This date is not valid. Enter a
valid {element}.","dateLimited":"This date is
unavailable.,"disallowDecimals":"Please enter a whole
number.,"email":"Enter a valid e-mail address","fillMask":"Field
value must fill mask.,"freeEmailError":"Free email accounts are
not allowed","generalError":"There are errors on the form. Please
fix them before continuing.,"generalPageError":"There are errors
on this page. Please fix them before
continuing.,"gradingScoreError":"Score total should only be less
than or equal to","incompleteFields":"There are incomplete
required fields. Please complete
them.,"inputCarretErrorA":"Input should not be less than the
minimum value:","inputCarretErrorB":"Input should not be greater
than the maximum value:","lessThan":"Your score should be less
than or equal to","maxDigitsError":"The maximum digits allowed
is","maxSelectionsError":"The maximum number of selections
allowed is","minSelectionsError":"The minimum required number of
selections is","multipleFileUploads_emptyError":"{file} is empty,
please select files again without
it.,"multipleFileUploads_fileLimitError":"Only {fileLimit} file
uploads allowed.,"multipleFileUploads_minSizeError":"{file} is
too small, minimum file size is
{minSizeLimit}.,"multipleFileUploads_onLeave":"The files are
being uploaded, if you leave now the upload will be
cancelled.,"multipleFileUploads_sizeError":"{file} is too large,
maximum file size is
{sizeLimit}.,"multipleFileUploads_typeError":"{file} has invalid
extension. Only {extensions} are allowed.,"numeric":"This field
can only contain numeric values","pastDatesDisallowed":"Date must
not be in the past.,"pleaseWait":"Please
wait...","required":"This field is
required.,"requireEveryCell":"Every cell is
required.,"requireEveryRow":"Every row is
required.,"requireOne":"At least one field
required.,"submissionLimit":"Sorry! Only one entry is allowed.
Multiple submissions are disabled for this
form.,"uploadExtensions":"You can only upload following
files:","uploadFilesize":"File size cannot be bigger
than:","uploadFilesizeMin":"File size cannot be smaller
than:","url":"This field can only contain a valid
URL","wordLimitError":"Too many words. The limit
is","wordMinLimitError":"Too few words. The minimum is"}});
    JotForm.clearFieldOnHide="disable";
  });
</script>
</head>
<body>

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<form class="jotform-form" action="" method="post" name="form_
70895505726162" id="70895505726162" accept-charset="utf-8">
  <input type="hidden" name="formID" value="70895505726162" />
  <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 htal htvam">
            <h2 id="header_1" class="form-header" data-
component="header">
              Program
            </h2>
            <div id="subHeader_1" class="form-subHeader">
              Please enter the information below to add a new
program.
            </div>
          </div>
        </div>
      </li>
      <li class="form-line jf-required" data-
type="control_textbox" id="id_3">
        <label class="form-label form-label-left form-label-auto"
id="label_3" for="input_3">
          Event Name
          <span class="form-required">
            *
          </span>
        </label>
        <div id="cid_3" class="form-input jf-required">
          <input type="text" id="input_3" name="q3_eventName"
data-type="input-textbox" class="form-textbox validate[required]"
size="20" value="" data-component="textbox" />
        </div>
      </li>
      <li class="form-line jf-required" data-
type="control_datetime" id="id_4">
        <label class="form-label form-label-left form-label-auto"
id="label_4" for="input_4">
          Date
          <span class="form-required">
            *
          </span>
        </label>
        <div id="cid_4" class="form-input jf-required">
          <div data-wrapper-react="true">
            <span class="form-sub-label-container"
style="vertical-align:top;">
              <input class="form-textbox validate[required,
limitDate]" id="month_4" name="q4_date[month]" type="tel"
size="2" data-maxlength="2" value="" />
              <span class="date-separate">

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        Â -
        </span>
        <label class="form-sub-label" for="month_4"
id="sublabel_month" style="min-height:13px;"> Month </label>
        </span>
        <span class="form-sub-label-container"
style="vertical-align:top;">
        <input class="form-textbox validate[required,
limitDate]" id="day_4" name="q4_date[day]" type="tel" size="2"
data-maxlength="2" value="" />
        <span class="date-separate">
        Â -
        </span>
        <label class="form-sub-label" for="day_4"
id="sublabel_day" style="min-height:13px;"> Day </label>
        </span>
        <span class="form-sub-label-container"
style="vertical-align:top;">
        <input class="form-textbox validate[required,
limitDate]" id="year_4" name="q4_date[year]" type="tel" size="4"
data-maxlength="4" value="" />
        <label class="form-sub-label" for="year_4"
id="sublabel_year" style="min-height:13px;"> Year </label>
        </span>
        <span class="form-sub-label-container"
style="vertical-align:top;">
        
        <label class="form-sub-label" for="input_4_pick"
style="min-height:13px;"> </label>
        </span>
    </div>
</div>
</li>
<li class="form-line jf-required" data-type="control_time"
id="id_5">
    <label class="form-label form-label-left form-label-auto"
id="label_5" for="input_5">
        Time
        <span class="form-required">
            *
        </span>
    </label>
    <div id="cid_5" class="form-input jf-required">
        <div data-wrapper-react="true">
            <span class="form-sub-label-container"
style="vertical-align:top;">
                <select class="time-dropdown form-dropdown
validate[required]" id="input_5_hourSelect" name="q5
_time[hourSelect]" data-component="time-hour">
                    <option> </option>

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        <option value="1"> 1 </option>
        <option value="2"> 2 </option>
        <option value="3"> 3 </option>
        <option value="4"> 4 </option>
        <option value="5"> 5 </option>
        <option value="6"> 6 </option>
        <option value="7"> 7 </option>
        <option value="8"> 8 </option>
        <option value="9"> 9 </option>
        <option value="10"> 10 </option>
        <option value="11"> 11 </option>
        <option value="12"> 12 </option>
    </select>
    <span class="date-separate">
        Å :
    </span>
    <label class="form-sub-label" for="input_5
_hourSelect" id="sublabel_hour" style="min-height:13px;"> Hour
</label>
    </span>
    <span class="form-sub-label-container"
style="vertical-align:top;">
        <select class="time-dropdown form-dropdown
validate[required]" id="input_5_minuteSelect" name="q5
_time[minuteSelect]" data-component="time-minute">
            <option> </option>
            <option value="00"> 00 </option>
            <option value="10"> 10 </option>
            <option value="20"> 20 </option>
            <option value="30"> 30 </option>
            <option value="40"> 40 </option>
            <option value="50"> 50 </option>
        </select>
        <label class="form-sub-label" for="input_5
_minuteSelect" id="sublabel_minutes" style="min-height:13px;">
Minutes </label>
    </span>
    <span class="form-sub-label-container"
style="vertical-align:top;">
        <select class="time-dropdown form-dropdown
validate[required]" id="input_5_ampm" name="q5_time[ampm]" data-
component="time-ampm">
            <option value="AM"> AM </option>
            <option selected="" value="PM"> PM </option>
        </select>
        <label class="form-sub-label" for="input_5_ampm"
style="min-height:13px;"> </label>
    </span>
</div>
</div>
</li>
<li class="form-line jf-required" data-

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type="control_textbox" id="id_6">
    <label class="form-label form-label-left form-label-auto"
id="label_6" for="input_6">
        Location
        <span class="form-required">
            *
        </span>
    </label>
    <div id="cid_6" class="form-input jf-required">
        <input type="text" id="input_6" name="q6_location"
data-type="input-textbox" class="form-textbox validate[required]"
size="20" value="" data-component="textbox" />
    </div>
</li>
<li class="form-line jf-required" data-
type="control_textbox" id="id_7">
    <label class="form-label form-label-left form-label-auto"
id="label_7" for="input_7">
        Semester
        <span class="form-required">
            *
        </span>
    </label>
    <div id="cid_7" class="form-input jf-required">
        <input type="text" id="input_7" name="q7_semester"
data-type="input-textbox" class="form-textbox validate[required,
Fill Mask]" size="20" data-masked="true" value="" maxlength="4"
data-component="textbox" />
    </div>
</li>
<li class="form-line jf-required" data-
type="control_dropdown" id="id_8">
    <label class="form-label form-label-left form-label-auto"
id="label_8" for="input_8">
        Event Type
        <span class="form-required">
            *
        </span>
    </label>
    <div id="cid_8" class="form-input jf-required">
        <select class="form-dropdown validate[required]"
id="input_8" name="q8_eventType" style="width:150px;" data-
component="dropdown">
            <option value=""> </option>
            <option value="Interfaith"> Interfaith </option>
            <option value="Chapel Choir"> Chapel Choir </option>
            <option value="Jesuit Heritage Week "> Jesuit
Heritage Week </option>
            <option value="Soup and Substance "> Soup and
Substance </option>
            <option value="SpiritualTea"> SpiritualTea </option>
            <option selected="" value=""> </option>

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        <option selected="" value=""> </option>
    </select>
</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
            </button>
        </div>
    </div>
</li>
<li style="display:none">
    Should be Empty:
    <input type="text" name="website" value="" />
</li>
</ul>
</div>
<script>
JotForm.showJotFormPowered = true;
</script>
<input type="hidden" id="simple_spc" name="simple_spc"
value="70895505726162" />
<script type="text/javascript">
    document.getElementById("si" + "mple" + "_spc").value =
"70895505726162-70895505726162";
</script>
</form></body>
</html>
<script type="text/javascript">JotForm.ownerView=true;</script>

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