

Subscription form

First name:	<input type="text"/>
Last name:	<input type="text"/>
Gender:	<input type="text"/> ▼
Drink:	☐ Water ☒ Beer ☐ Wine
List:	<div>item1 item2</div>
Address:	<div></div>
E-mail:	<input type="text"/>
Newsletter:	☒
Date:	<input type="text" value="2026-10-30"/>

Print

Reset

Submit