

PLEASE FILL IN THE BLANKS BY DRAGGING AND DROPPING THE CORRECT ANSWERS!

Examples for Form

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Registration Form

FIRST NAME	<input type="text"/>
SURNAME	<input type="text"/>
ADDRESS	<input type="text"/>
POSTCODE	<input type="text"/>
DATE OF BIRTH	<input type="text"/>
TELEPHONE (DAY)	<input type="text"/>
TELEPHONE (EVENING)	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>

Wenson

00114

25TH of December

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