WordPress

WordPress theme version style examples

• Shapely Version: 1.2.15

• Shapely Version: 1.1.2

Shapely Version: 1.2.15

<https://wordpress.org/themes/shapely/#:~:text=Shapely%20is%20a%20powerful%20and,loads%20of%20unmatched%20customization%20options>.

Shapely Version: 1.1.2

<https://colorlib.com/wp/themes/shapely/>

**<!--Plugin-->**

Remove Footer Credit

Yoast SEO

Popup Builder  
… …  
… …

<!--form mail-->

<form>

</form>

<!--Plugin-->

Forminator

( reCAPTCHA – Google account on your Gmail )

<!-- form tag example-->

<form method="post" enctype="multipart/form-data" name="form1" id="form1" action="http://example.com/yourfileName.php">

<input type="hidden" name="redirect" id="hiddenField" value="thankyou.html">

<label for="textfield">Text Field:</label>

<input name="textfield" type="text" required="required" id="textfield"> <br />

<label for="password">Password:</label>

<input name="password" type="password" required="required" id="password"> <br />

<label for="email">Email:</label>

<input name="email" type="email" required="required" id="email"> <br />

<label for="tel">Tel:</label>

<input type="tel" name="tel" id="tel"> <br />

<label for="textarea">Text Area:</label>

<textarea name="textarea" rows="4" maxlength="120" id="textarea"></textarea> <br />

human?: <br />

<label><input type="radio" name="RadioGrouptest" value="yes" id="RadioGrouptest\_0">yes</label>

<label><input type="radio" name="RadioGrouptest" value="No" id="RadioGrouptest\_1">No</label>

<label><input type="radio" name="RadioGrouptest" value="Maybe" id="RadioGrouptest\_2">Maybe</label>

<br />

Class? <br />

<label><input type="checkbox" name="CheckboxGroupTest" value="English" id="CheckboxGroupTest\_0">English Grammar</label>

<label><input type="checkbox" name="CheckboxGroupTest" value="History" id="CheckboxGroupTest\_1">History</label>

<label><input type="checkbox" name="CheckboxGroupTest" value="Web" id="CheckboxGroupTest\_2">Web Design</label>

<label><input type="checkbox" name="CheckboxGroupTest" value="Math" id="CheckboxGroupTest\_3">Math</label>

<label><input type="checkbox" name="CheckboxGroupTest" value="Drawing" id="CheckboxGroupTest\_4">Drawing</label>

<br />

<label for="fileField">File:</label>

<input type="file" name="fileField" id="fileField">

<br />

<input type="reset" name="reset" id="reset" value="Reset">

<input type="submit" name="submit" id="submit" value="Submit">

</form>