

Trip No. <div style="border: 1px solid black; width: 150px; height: 50px; margin: 10px 0;"></div> D    M    Y	Trip Name  <hr/> Locations
I Was With	Day <div style="text-align: center; font-size: 24px;">OF</div>
Summary of Events	Transportation <input type="checkbox"/> Plane <input type="checkbox"/> Boat <input type="checkbox"/> Train <input type="checkbox"/> Foot <input type="checkbox"/> Car <input type="checkbox"/> Cycle <input type="checkbox"/> Bus <input type="checkbox"/> Tube Other _____
	First Visit  <div style="text-align: center; font-size: 24px;">Yes    No</div> Do it Again Y or N
	Weather <div style="display: flex; justify-content: space-around; align-items: center;"> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div> Other _____
	Favourite Moment
<input type="checkbox"/> Saw Something New <input type="checkbox"/> Walked A Lot <input type="checkbox"/> Relaxed <input type="checkbox"/> Visited a tourist site <input type="checkbox"/> Adventurous day <input type="checkbox"/> Got Lost	Overall Rating
	<div style="text-align: center; font-size: 24px;">10</div>

Notes.