

2021 Community Health Access National Rural Health Day Photo Contest Submission Form

Save form in this filename format: Lastname_Firstname2021NRHDPC.pdf
(example: Earhart_Amelia2021NRHDPC.pdf)

Submit Completed forms & photos to KDHE.RuralHealth@KS.Gov

First Name:^{*}

Last Name:^{*}

Email:^{*}

Mailing Address:^{*}

City:^{*}

State:^{*}

Zip:^{*}

Phone:^{*}

Number of Photos Submitting: 1 2 3

Photo 1 Title:^{*}

Photo 1 Caption:^{*}

Photo 1 location:^{*}

Photo 2 Title:

Photo 2 Caption:

Photo 2 Location:

Photo 3 Title:

Photo 3 Caption:

Photo 3 Location:

Show us your "Power of Rural"

^{*} Required items.