PHA KID-PRENEUR SPOTLIGHT
SUBMISSION FORM

If you have a product or service, we want to hear about it!

Child's Name: _____

Age: _____

Town Reside: _____

PHA Pediatrician: _____

Product / Service:

_____

1) How did you come up with the idea?
2) When did you get started?
3) How do you get the word out about your business?
4) Where do you sell your product or service?

Describe your business by answering the 4 questions in one paragraph (no more than 8 sentences). Email us your story including pictures to **entrysubmission@phagroup.com**

**Submissions valid for PHA families only. By sending us your submission, you are agreeing to let Pediatric Healthcare Associates share on our social media and website.