



Sibs Are My Peeps® Contest Entry Form

Name(s) and age(s) of creators:

Group name (if applicable): _____

Hometown and State: _____

Phone number and e-mail address: (Not published. For contact purposes only)

Title of your Peeps scene: _____

A few sentences about your creation _____

Please attach no more than TWO photos of your scene as a .jpg or .jpeg file and email along with this form to siblingsaremypeeps@wisconsibs.org

THANK YOU FOR PARTICIPATING!

