



Firecracker 5k Vendor Registration Form

Event Date: *Friday July 4, 2025*

Event Location: *Heckard Field Molalla OR 97038*

Event Contact: *Molalla Aquatic Center
P.O Box 1308
Molalla OR 97038
Frontdesk@molallaaquaticcenter.com
(503)759-7665*

Contact Information

Full Name	
Email Address	
Phone Number	
Address	Street: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Additional Information

Do you need us to provide a table?	<input type="checkbox"/> Yes (Please specify): _____ <input type="checkbox"/> No
What will you have at your booth	
Approximately how much space will you need?	

No Vendor Fees for 2025

Any Additional Information:

Please arrive by 8:45am to avoid street closures