

Club: Gaston Galaxy Volleyball Club **Season:** 2021 - 2022 Volleyball Season

Division: Girls 17's

Region: Carolina Regional Volleyball **Team Name:** Galaxy 17 Leigh

Team Code: G17GALXY1CR

Team Contact: Leigh Kiser • (704) 287-6995

Team Fee: Paid



PLAYERS

Credentials: | = |r | ine | udge | 1 = |r | R1 | S = |r | Scorer | 2 = |r | R2 | | = |r | | ihero | Tracke

PLAYERS				Crec	lentials: J = Jr Line Jud	dge, 1 = Jr R1, S =	Jr Scorer, 2 = Jr R2,	L = Jr Libero Tracker
Name	Membership #	Credentials	Eligibility	Jersey #				
Batchelor, Kyla	4521602		Eligible					
Berry, Addison	4428522		Eligible	13				
Bruno, Clare	4460810		Eligible	11	I(Q)	(Q)	I(Q)	(Q)
Digh, Taylor	4430395		Eligible					
Hamrick, Erin	4430097		Eligible	7	5 - Miller	7 - Hamrick	9 - Loftin	11 - Bruno
Loftin, Hannah	3048390		Eligible	9				
Miller, Macy	3320007		Eligible	5				
Shields , Oakleigh	2895122		Eligible	15				
Townsend, Anna	4098690	J, 1, S, 2, L	Eligible	12	12 - Townsend	13 - Berry	15 - Shields	17 - Turlington
Turlington, Abby	2904413		Eligible	17				
					8	(3)		
					Batchelor	Digh		

STAFF

Name	Title	Membership # Credentials	Eligibility				
Kiser, Brian	Chaperone	4267282	Eligible				
Kiser, Leigh	Head Coach	2817057	Eligible				
Sloan, Todd	Assistant Coach	2886923	Eligible				
				C - Kiser	HC - Kiser	AC - Sloan	
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The person signing this form verifies that:

- 1. The above roster information is correct and contains all players who will be participating in the event. All players meet age requirements.
- 2. The team understands it is subject to any and all penalties if this roster does not match the participants attending the event, regardless of who signs this verification.

I hereby certify the above information is TRUE and correct:	Signature:		
Print Name:	Phone Number:	Date: _	