



Club: Gaston Galaxy Volleyball Club
Season: 2023 - 2024 Volleyball Season
Division: Girls 13's
Region: Carolina Regional Volleyball
Team Name: Galaxy 13 Brooke Mindy
Team Code: G13GALXY2CR
Team Contact: Brooke Avery • (704) 718-0865
Team Fee: Paid



OFFICIAL ROSTER

PRINTED 1/19/24 @ 10:56AM

PLAYERS

Credentials: AR = Adult Non-Professional Referee, 2 = Jr R2, 1 = Jr R1, J = Jr Line Judge, L = Jr Libero Tracker, S = Jr Scorer

Name	Membership #	Credentials	Eligibility	Jersey #
Barbee, Joy	4695604	2, 1, J, L, S	Eligible	20
Barnes, Lindsey	4695522	L, J, S, 2, 1	Eligible	11
Cherry, Reese	4897023	L, J, S	Eligible	4
Harris, Aleigha	4897324		Eligible	2
McDaniel, Masey	4896941	1	Eligible	22
Steiner, Emersyn	4897004	J, L	Eligible	13
Townsend, Sophia	4466069	J, 2, S, L, 1	Eligible	10
Trimnal, Margaret	4899089	J, 1	Eligible	14
Upchurch, Mary Ellis	4931797	S	Eligible	12
zeigler, addison	4696070	2, J, S	Eligible	15

2 - Harris	4 - Cherry	10 - Townsend	11 - Barnes
12 - Upchurch	13 - Steiner	14 - Trimnal	15 - zeigler
20 - Barbee	22 - McDaniel		

STAFF

Name	Title	Membership #	Credentials	Eligibility
Avery, Brooke	Head Coach	4471451	AR, AR, AR	Eligible
Sloan, Todd	Assistant Coach	2886923		Eligible
Townsend, mindy	Assistant Coach	3054668	AR	Eligible

HC - Avery	AC - Sloan	AC - Townsend	

The person signing this form verifies that:

1. The above roster information is correct and contains all players and staff who will be participating in the event. All players and staff meet 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: _____