



Club: Gaston Galaxy Volleyball Club
Season: 2023 - 2024 Volleyball Season
Division: Girls 13's
Region: Carolina Regional Volleyball
Team Name: Galaxy 13 Kaela Addison
Team Code: G13GALXY3CR
Team Contact: Jodi Stoltz • (804) 938-4426
Team Fee: Paid



OFFICIAL ROSTER
 PRINTED 1/19/24 @ 10:56AM

PLAYERS

Credentials: 2 = Jr R2, L = Jr Libero Tracker, S = Jr Scorer, 1 = Jr R1, J = Jr Line Judge

Name	Membership #	Credentials	Eligibility	Jersey #
Adams, Malia	4927984	2, L, S, 1, J	Eligible	7
Carson, Abbie	4900778		Eligible	6
Evans, Aubrey	4896973	J, L, 2	Eligible	3
Mckay, Paisley	4467401	1, L, 2, J	Eligible	2
Peeler, Annalyse	4908714	1, J, 2, S	Eligible	9
Stewart, Cora	4694149	S	Eligible	10
Stoltz, Clara	4931890	1	Eligible	15
Wagner, Layla	4939851		Eligible	19
Weaver, Makenzie	4896975	1, 2, J, S, L	Eligible	11
Weidert, Lucca	4898769	2, S, L, 1, J	Eligible	13

2 - Mckay	3 - Evans	6 - Carson	7 - Adams
9 - Peeler	10 - Stewart	11 - Weaver	13 - Weidert
15 - Stoltz	19 - Wagner		

STAFF

Name	Title	Membership #	Credentials	Eligibility
Bryson, Kaela	Assistant Coach	4916686	S	Eligible
Key, Addison	Assistant Coach	3122155		Eligible
Sloan, Todd	Assistant Coach	2886923		Eligible
Stoltz, Jodi	Head Coach	4931891		Eligible

AC - Bryson	AC - Key	AC - Sloan	HC - Stoltz

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: _____