



**Club:** Gaston Galaxy Volleyball Club  
**Season:** 2024 - 2025 Volleyball Season  
**Division:** Girls 14's  
**Region:** Carolina Regional Volleyball  
**Team Name:** Galaxy 14 James  
**Team Code:** G14GALXY2CR  
**Team Contact:** James Wilde • (919) 883-6081  
**Team Fee:** Paid



**OFFICIAL ROSTER**  
 PRINTED 1/27/25 @ 1:59PM

## PLAYERS

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

Name	Membership #	Credentials	Eligibility	Jersey #
Armstrong, Aerilyn	5085399		Eligible	
Barnes, Lindsey	4695522	1, 2, J	Eligible	
Beam, Addison	5088125		Eligible	
McDaniel, Masey	4896941	L, S, J	Eligible	
Mckay, Paisley	4467401		Eligible	
Nesheim, Lillie	4696914		Eligible	
Shuler, Addison	4706598	S, L	Eligible	
Steiner, Emersyn	4897004		Eligible	
Townsend, Sophia	4466069		Eligible	
Watkins, Lily	4694116		Eligible	
zeigler, addison	4696070	S, L	Eligible	

Armstrong	Barnes	Beam	McDaniel
Mckay	Nesheim	Shuler	Steiner
Townsend	Watkins	zeigler	

## STAFF

Name	Title	Membership #	Credentials	Eligibility
Sloan, Todd	Assistant Coach	2886923		Eligible
Townsend, Mindy	Chaperone	3054668		Eligible
Wilde, James	Head Coach	3144128	AR	Eligible

AC - Sloan	C - Townsend	HC - Wilde	

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: \_\_\_\_\_