



Region Carolina Regional Volleyball
Club Gaston Galaxy Volleyball Club
Season 2025 - 2026 Volleyball Season
Division Girls 13's
Team Name Galaxy 13 Abby
Team Code G13GALXY2CR
Team Fee Paid
Team Contact Abby Fallin • 9802850418



OFFICIAL ROSTER

Players

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

#	Name	DOB	Membership #	Eligible	Credentials				
	Andrea, Margaret	05/2013	5314771	11/17/25 - 9/1/26		<input type="checkbox"/>			
	Armstrong, Avery	06/2013	5315384	11/18/25 - 9/1/26		<input type="checkbox"/>	Andrea	Armstro...	Buswell
	Buswell, Ellie	01/2013	5316560	11/19/25 - 9/1/26		<input type="checkbox"/>			
	Clark, Whitney	04/2013	5108747	11/18/25 - 9/1/26		<input type="checkbox"/>			
	Empson, Molly	09/2012	5088558	11/19/25 - 9/1/26		<input type="checkbox"/>	Empson	Forney	McDona...
	Forney , Aarianna	11/2013	5086263	11/17/25 - 9/1/26		<input type="checkbox"/>			
	McDonald, Isabell	01/2013	5084306	11/18/25 - 9/1/26	L, S, J, 1, 2	<input type="checkbox"/>			
	Murphy, Lexi	05/2013	5315950	11/18/25 - 9/1/26		<input type="checkbox"/>	Nance	Sanders	
	Nance, Emmy	07/2012	5091977	11/18/25 - 9/1/26		<input type="checkbox"/>			
	Sanders, Za'riah	10/2012	5084133	12/17/25 - 9/1/26		<input type="checkbox"/>			

Staff

Name	Title	Membership #	Eligible	Credentials		
Fallin, Abby	Head Coach	5315008	12/31/25 - 9/1/26		<input type="checkbox"/>	
Sloan, Todd	Assistant Coach	2886923	11/17/25 - 9/1/26		<input type="checkbox"/>	Fallin

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.

Signature _____ Print name _____ Phone _____ Date _____