



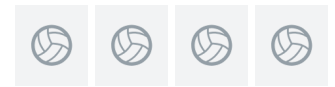
**Region** Carolina Regional Volleyball  
**Club** Gaston Galaxy Volleyball Club  
**Season** 2025 - 2026 Volleyball Season  
**Division** Girls 14's  
**Team Name** Galaxy 14 Blas  
**Team Code** G14GALXY4CR  
**Team Fee** Paid  
**Team Contact** Vanessa Blas • 3059152668



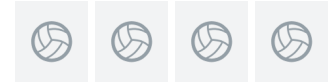
## OFFICIAL ROSTER

### Players

#	Name	DOB	Membership #	Eligible	Credentials	
	Barnes, Mia	03/2012	5316494	11/19/25 - 9/1/26		<input type="checkbox"/>
	Holliday, Carsyn	01/2012	5314866	11/18/25 - 9/1/26		<input type="checkbox"/>
	Horn, Liliana	07/2011	4697639	11/18/25 - 9/1/26		<input type="checkbox"/>
	Merida, Isabella	05/2012	5335832	12/8/25 - 9/1/26		<input type="checkbox"/>
	Palmieri, Taylor	10/2011	5313846	11/17/25 - 9/1/26		<input type="checkbox"/>
	Smith, Addison	07/2011	5345981	11/17/25 - 9/1/26		<input type="checkbox"/>
	Stephens, Sterling	09/2011	5342670	12/17/25 - 9/1/26		<input type="checkbox"/>
	Westendorf , Isla	01/2012	5314004	11/17/25 - 9/1/26		<input type="checkbox"/>



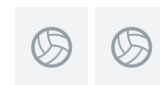
Barnes Holliday Horn Merida



Palmieri Smith Stephens Westen...

### Staff

Name	Title	Membership #	Eligible	Credentials	
Blas, Vanessa	Head Coach	1907502	12/6/25 - 9/1/26		<input type="checkbox"/>
Sloan, Todd	Assistant Coach	2886923	11/17/25 - 9/1/26		<input type="checkbox"/>



Blas Sloan

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