



Region Carolina Regional Volleyball
Club Gaston Galaxy Volleyball Club
Season 2025 - 2026 Volleyball Season
Division Girls 15's
Team Name Galaxy 15 Jon
Team Code G15GALXY1CR
Team Fee Paid
Team Contact Jonathan Dunn • 3157200272



OFFICIAL ROSTER

Players

#	Name	DOB	Membership #	Eligible	Credentials	
2	Ver Wayne , Payton	07/2011	4831913	11/17/25 - 9/1/26		<input type="checkbox"/>
5	Crawford, Lilyanna	07/2011	4694071	11/17/25 - 9/1/26		<input type="checkbox"/>
6	Wessel, Katherine	05/2011	4832553	11/17/25 - 9/1/26		<input type="checkbox"/>
7	Nesheim , Lillie	11/2010	4696914	11/19/25 - 9/1/26		<input type="checkbox"/>
9	Peeler, Annalyse	09/2010	4908714	12/15/25 - 9/1/26		<input type="checkbox"/>
12	Carson, Abbie	05/2011	4900778	12/16/25 - 9/1/26		<input type="checkbox"/>
15	Thomas, Avery	09/2011	4361362	11/19/25 - 9/1/26		<input type="checkbox"/>
16	Westmoreland, Kendall	10/2010	4694339	11/28/25 - 9/1/26		<input type="checkbox"/>
21	McCormick, Anna	11/2010	4879335	11/28/25 - 9/1/26		<input type="checkbox"/>

2
Ver Way...

5
Crawford

6
Wessel

7
Nesheim

9
Peeler

12
Carson

15
Thomas

16
Westmo...

21
McCorm...

Staff

Name	Title	Membership #	Eligible	Credentials	
Dunn, Jonathan	Head Coach	4763832	12/1/25 - 9/1/26		<input type="checkbox"/>
Sloan, Todd	Assistant Coach	2886923	11/17/25 - 9/1/26		<input type="checkbox"/>

Dunn

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