



**Region** Carolina Regional Volleyball  
**Club** Gaston Galaxy Volleyball Club  
**Season** 2025 - 2026 Volleyball Season  
**Division** Girls 12's  
**Team Name** Galaxy 12 Kiley  
**Team Code** G12GALXY3CR  
**Team Fee** Paid  
**Team Contact** Kiley Harmon - 7046898488



## OFFICIAL ROSTER

### Players

#	Name	DOB	Membership #	Eligible	Credentials	
	Clancy, Madison	05/2014	5342860	12/17/25 - 9/1/26		<input type="checkbox"/>
	Ghantt, Ava	04/2014	5317130	11/19/25 - 9/1/26		<input type="checkbox"/>
	Grant , Shelby	05/2014	5314175	12/15/25 - 9/1/26		<input type="checkbox"/>
	Lowe, Erynn	07/2015	5315427	11/18/25 - 9/1/26		<input type="checkbox"/>
	Riddle, Quinn	12/2014	5317173	11/19/25 - 9/1/26		<input type="checkbox"/>
	Smith, Stella	06/2014	5085971	12/23/25 - 9/1/26		<input type="checkbox"/>
	Somers, Audrey	08/2014	5314625	11/28/25 - 9/1/26		<input type="checkbox"/>
	Sprinkles, Avery	01/2014	5347932	12/30/25 - 9/1/26		<input type="checkbox"/>
	Tobin, Willow	06/2014	5314650	11/18/25 - 9/1/26		<input type="checkbox"/>
	Tolleson, Evie	04/2014	5318803	11/21/25 - 9/1/26		<input type="checkbox"/>

**Credentials:** AR = Adult Non-Professional Referee

Clancy	Ghantt	Grant	Lowe
Riddle	Smith	Somers	Sprinkles
Tobin	Tolleson		

### Staff

Name	Title	Membership #	Eligible	Credentials	
Harmon, Kiley	Head Coach	2903192	1/21/26 - 9/1/26		<input type="checkbox"/>
Sanders, Cynthia	Assistant Coach	4220355	12/15/25 - 9/1/26	AR	<input type="checkbox"/>
Sloan, Todd	Assistant Coach	2886923	11/17/25 - 9/1/26		<input type="checkbox"/>

Harmon	Sanders	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