

Notice - Overdue Balance



OVERDUE ALERT: This message is to let you know that your account has an invoice or balance of 45 days or more past due. At 60 days overdue, your account will be suspended.

Please have your organization's billing contact reach out to us via email at [billing@neonone.com](mailto:billing@neonone.com) for more information.

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Abigail Scott #25527

Last edited by Binh Wakeford on Jan 6 at 10:27 AM



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2.8/5  
Generosity Indicator

4/5 Affinity   2/5 Recency   1/5 Frequency   4/5 Monetary Value

All Time   Annual   Fiscal

\$0.00 Donations   0.00 Volunteer Hours   \$160.00 Event Registrations

0 Event Attendance   \$0.00 Memberships   \$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$160.00

Configure   Edit

NAME	
First	Abigail
Middle	-
Last	Scott
Preferred	Abigail
Prefix	-
Suffix	-
Salutation	-

MEMBERSHIP	
Account Current	-
Membership Status	-
Membership Term	-
Membership Level	-
Membership Directory	-
Directory Opt-In Status	Automatically Opted In

ACCOUNT DETAILS	
Type	Athlete
Source	Online/Internet
Household	-
Employment	-
Gender	Female
Birthday	4/11/8
Login	Ascott Last logged in: Jan 2, 2025 at 12:03 PM
Login Confirmed	-

CONTACT	
Phone	(405) 990-3173
Home	-
Mobile	-
Fax	-
SMS/MMS Number	-
Email	jenniferbethscott@hotmail.com

ADDRESS	
Address	730 West Wilshire Boulevard 109 Oklahoma City, OK 73116
County	-
Online	-

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	-
2022 SNOW BALL SPECIAL NOTES:	-
2020 SNOW BALL SPECIAL NOTES:	-
Logo Pathway:	-

DATA PRIVACY & CONSENT	
SMS/MMS	Declined

ATHLETE	

Preferred Contact Method	—	Parent/Guardian Name(s) (If under 18)	—
Preferred Contact Reason	—	Are you registering with ASPNM as a	—
Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Ashley Simpson	Start year with ASPNM	2024
Emergency Contact Phone Number	918-706-2643	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
<b>VOLUNTEER</b>		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	—
How did you hear about ASPNM?	Santa fe	Date of Injury	—
Why would you like to be a part of the ASPNM?	—	Which Military Branch did you serve in (select all the apply)	—
ASP offers a wide variety of ways to get involved, including sports instructors, committee participation, and more! For which ASP events would you be interested in volunteering?	—	Height	5'3.5
Have you ever taught Adaptive Sports of any kind?	—	Weight	115
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Attention Deficit Disorder Other
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Congenital Femoral Deficiency
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Stand Up Snowboarding
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Walking. Hip, knee and ankle on right leg are affected joints
Summer Sports equipment owned?	—	Current activities	Cheer and gymnastics
Other sport skills/experience?	—	Medications	Atomoxetine Strength 25 mg capsule Lexapro Strength 5 mg tablet Acetaminophen Strength 160 mg/5 mL syrup
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	Gluten
		Need to limit activities?	No