



Alex Hall #17503

Last edited by Camille Romero on Jan 21 at 9:09 PM



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2.7/5
Generosity Indicator

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

All Time Annual Fiscal

\$62.08 Donations 0.00 Volunteer Hours \$960.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$1,022.08

Configure Edit

NAME	
First	Alex
Middle	—
Last	Hall
Preferred	Alex
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	—
Household	—
Employment	—
Gender	Male
Birthday	Oct 5, 1987
Login	hallsf@msn.com Last logged in: Nov 20, 2021 at 12:02 PM
Login Confirmed	—

CONTACT	
Phone	(505) 780-0706
	(505) 946-7974
	—
	—
	Fax
	(505) 946-7974
	SMS/MMS Number
Email	hallsf@msn.com
	—
	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	Unknown
Preferred Contact Reason	All Correspondence

Address	
	Copy Map
	1220 Vallecita Drive Santa Fe, NM 87501 United States of America
	—
	County
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

ATHLETE	
Parent/Guardian Name(s) (If under 18)	x
Are you registering with ASPNM as a	—

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Kathy Hall
Emergency Contact Name	Jim Hall	Start year with ASPNM	—
Emergency Contact Phone Number	505-946-7974	Seasons with ASP	26
Interested in summer program	Yes	Annual Household Income	90,000 or more
Interested in winter program	Yes	Ethnicity	Not Hispanic or Latino
Ski Area	Ski Santa Fe	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	—

VOLUNTEER			
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	Don't remember	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	5' 8"
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?	—	Weight	152
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Autism
Have you ever taught Skiing and/or Snow Boarding?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Autism
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	—
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Cognition Speech
Summer Sports certifications, skills, and years experience?	—	Current activities	Swimming Hiking
Summer Sports equipment owned?	—	Medications	Prozac
Other sport skills/experience?	—	Seizures	No
Non-sport Volunteer?	—	If yes, date of last seizure	—
What skills do you have that you would consider contributing	—	Food or medication allergies	None
		Need to limit activities?	Non
		Primary Care Physician name	Liljestrand
		Primary Care Physician phone	505-291-2200
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	Limited