

Notice - Overdue Balance

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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 for more information.

Find account section



Aliz Szantho #24212

Last edited by Camille Romero on Jun 18 at 3:49 PM



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Generosity Indicator

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$900.00 Event Registrations
3 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$900.00		

Configure Edit

NAME	
First	Aliz
Middle	—
Last	Szantho
Preferred	Aliz
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	Jun 15, 2017
Login	alizeszantho Last logged in: Nov 3, 2023 at 11:18 AM
Login Confirmed	—

CONTACT	
Phone	(505) 795-4086
	—
	—
	— Fax
	— SMS/MMS Number
Email	mszantho@aol.com
	—
	—

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

ADDRESS	
7 Saddle Ct Santa Fe, NM 87508	
— County	
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

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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?	Yes	Athlete contact person relationship to Athlete	Parent
Emergency Contact Name	Andras Szanthy	Start year with ASPNM	2023
Emergency Contact Phone Number	5056601141	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	90,000 or more
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
VOLUNTEER		DD-214 #	N/A
Volunteer Interests	—	Are you considered a Wounded Warrior?	—
How did you hear about ASPNM?	Siblings in program	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)	Not a Veteran
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	42"
		Weight	45
		Type of Disability	Autism
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	High functioning autism, fully verbal
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	Easily frustrated
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	General age appropriate play
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	None
		Seizures	No
Summer Sports certifications, skills, and years experience?	—	If yes, date of last seizure	—
Summer Sports equipment owned?	—	Food or medication allergies	None
Other sport skills/experience?	—	Need to limit activities?	No
		Primary Care Physician name	Chittum
		Primary Care Physician phone	5059954901