

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 for more information.

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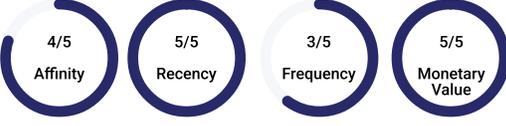


Branson King #24592
Last edited by Binh Wakeford on Dec 16 at 9:01 AM

Messages Notes

4.3/5

Generosity Indicator



All Time
Annual
Fiscal

| | | |
|----------------------------------|--------------------------------|--|
| \$112.64 Donations | 0.00 Volunteer Hours | \$980.00 Event Registrations |
| 2 Event Attendance | \$0.00 Memberships | \$0.00 Soft Credits |
| \$0.00 Store Purchases | | |

All Time Generosity Total \$1,092.64

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| NAME | |
|------------|---------|
| First | Branson |
| Middle | — |
| Last | King |
| Preferred | Branson |
| 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 | Male |
| Birthday | Jul 12, 2014 |
| Login | marciking58@gmail.com Last logged in: Nov 28 at 5:41 PM |
| Login Confirmed | — |

| CONTACT | |
|---------|--|
| Phone | (505) 919-9706 |
| | — |
| | — |
| | — Fax |
| | — SMS/MMS Number |
| Email | marciking58@gmail.com ... |
| | — |
| | — |
| Address | <div style="display: flex; justify-content: space-between; align-items: center;"> Copy Map </div> 34 Fonda Rd Santa Fe, NM 87508 — 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 | Not Asked |

| 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? | Yes | Athlete contact person relationship to Athlete | Marci L King |
| Emergency Contact Name | Cristina King | Start year with ASPNM | 2023 |
| Emergency Contact Phone Number | 5057950339 | Seasons with ASP | — |
| Interested in summer program | — | Annual Household Income | 30,000-44,999 |
| Interested in winter program | — | Ethnicity | Not Hispanic or Latino |
| Ski Area | — | Race | White |
| Staff Only: waiver due date | — | Military Service | None |
| | | DD-214 # | — |
| | | Are you considered a Wounded Warrior? | No |
| | | Date of Injury | — |
| | | Which Military Branch did you serve in (select all the apply) | — |
| | | Height | 47.5 in |
| | | Weight | 50 lb |
| | | Type of Disability | Autism Hearing impairment - partial |
| | | Description of disability. Please include anything that you would like ASP to know that has not been addressed. | Moebius syndrome Has a capped trach R rate is 64 a min. Has to take breaks to catch his breathe . Syndactyly of Left hand unable to hold pole. |
| | | What type of skiing/riding do you think you will be doing | Stand Up Skiing |
| | | What functions are affected? | Some hypotonia. TMJ trismus. Speech is but he tries to talk He also uses a AAC for communication. Family understands him |
| | | Current activities | PT PE Recess |
| | | Medications | epi pen for allergy to tumble weeds Nothing daily |
| | | Seizures | No |
| | | If yes, date of last seizure | — |
| | | Food or medication allergies | NKA of food and meds. |
| | | Need to limit activities? | No Sometimes he stops to catch his breath |
| | | Primary Care Physician name | Dr Gehres |
| | | Other sport skills/experience? | — |

| | |
|---|----------------|
| VOLUNTEER | |
| Volunteer Interests | — |
| How did you hear about ASPNM? | Another family |
| Why would you like to be a part of the ASPNM? | — |
| 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? | — |
| Have you ever taught Adaptive Sports of any kind? | — |
| Have you ever taught Skiing and/or Snow Boarding? | — |
| Taught Adaptive Ski/Snowboard prior to ASPNM? | — |
| PSIA or AASI certification (or other professional Snowsport certification) | — |
| Summer Sports certifications, skills, and years experience? | — |
| Summer Sports equipment owned? | — |
| Other sport skills/experience? | — |