



**Brinley Gallahue** #24836

Last edited by Alex Grunstein on Jun 18 at 3:18 PM



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Generosity Indicator

4/5  
Affinity

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Recency

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Frequency

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Monetary Value

All Time	Annual	Fiscal
\$175.00 Donations	0.00 Volunteer Hours	\$930.00 Event Registrations
2 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$1,105.00</b>		

Configure Edit

NAME	
First	Brinley
Middle	—
Last	Gallahue
Preferred	Brinley
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	Nov 14, 2016
Login	Agallahue Last logged in: Oct 27 at 10:02 AM
Login Confirmed	—

CONTACT	
Phone	(706) 833-8167
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email: Andrea.gallahue@yahoo.com

Address	
17 Sueno De Santa Fe Santa Fe, NM 87505	Copy Map
County	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—
Athlete contact person relationship to Athlete	Andrea & Kevin Gallahue

Texting ok at Phone 1?	Yes	Start year with ASPNM	2024
Emergency Contact Name	Andrea Gallahue	Seasons with ASP	—
Emergency Contact Phone Number	7068338167	Annual Household Income	90,000 or more
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	—
VOLUNTEER		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	Friend whose daughter previously participated	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	45"
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	54 lbs
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Down Syndrome
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.	Down Syndrome - no physical impacts
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Following directions the first time (repeat instruction sometimes needed)
Summer Sports certifications, skills, and years experience?	—	Current activities	Hiking, swimming
Summer Sports equipment owned?	—	Medications	Flonase, singular
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	Penicillin
		Need to limit activities?	No
		Primary Care Physician name	Dr Kirk
		Primary Care Physician phone	5059559454
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	Excellent
		Hearing/Vision	No issues
		Verbal communication	Yes, clearly communicates verbally