



Colin Holmes #18868

Last edited by Christine Baker on Jun 10, 2025 at 6:05 PM



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Generosity Indicator

4/5 Affinity 4/5 Recency 3/5 Frequency 5/5 Monetary Value

All Time Annual Fiscal

\$0.00 Donations 0.00 Volunteer Hours \$2,190.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$2,190.00

Configure Edit

NAME	
First	Colin
Middle	—
Last	Holmes
Preferred	Colin
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	May 31, 1981
Login	colinjhomes23 Last logged in: Jan 4, 2023 at 9:55 AM
Login Confirmed	—

CONTACT	
Phone	(505) 699-8505
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	lholmes@cybermesa.com colinholmes@cybermesa.com
Address	PO Box 2453 Santa Fe, NM 87504 United States of America
County	—
Online	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

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

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Parents
Emergency Contact Name	laurie holmes	Start year with ASPNM	1991
Emergency Contact Phone Number	505 699 8505	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	45,000-89,999
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
VOLUNTEER		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	No
How did you hear about ASPNM?	can't remember	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' 2"
Have you ever taught Adaptive Sports of any kind?	—	Weight	185
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Down Syndrome
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.	intellectual disability
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	judgement, thinking, planning, realism
Summer Sports equipment owned?	—	Current activities	treadmill, swimming, yoga, horseback riding
Other sport skills/experience?	—	Medications	levothyroxine
Non-sport Volunteer?	—	Seizures	No
What skills do you have that you would consider contributing	—	If yes, date of last seizure	—
		Food or medication allergies	NKA
		Need to limit activities?	no
		Primary Care Physician name	rita dodge
		Primary Care Physician phone	505 988 1930
		Health Insurance	Yes
		Ability to sense cold	normal
		Comprehension	limited