

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](mailto:billing@neonone.com) for more information.

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Corbin Cross #26099

Last edited by Binh Wakeford on Jan 6 at 10:36 AM



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**-/5**  
Generosity Indicator

-/5  
Affinity

-/5  
Recency

-/5  
Frequency

-/5  
Monetary Value

|   |                 |                     |                  |             |              |                 |        |        |
|---|-----------------|---------------------|------------------|-------------|--------------|-----------------|--------|--------|
| All Time                                |                 |                     | Annual           |             |              | Fiscal          |        |        |
| \$0.00                                  | 0.00            | \$0.00              | 0                | \$0.00      | \$0.00       | 0               | \$0.00 | \$0.00 |
| Donations                               | Volunteer Hours | Event Registrations | Event Attendance | Memberships | Soft Credits | Store Purchases |        |        |
| <b>All Time Generosity Total \$0.00</b> |                 |                     |                  |             |              |                 |        |        |

Configure Edit

| NAME       |        |
|------------|--------|
| First      | Corbin |
| Middle     | -      |
| Last       | Cross  |
| Preferred  | Corbin |
| 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      | Cavett Kids<br>Company name |
| Gender          | Male                        |
| Birthday        | Aug 7, 2008                 |
| Login           | -                           |
| Login Confirmed | -                           |

| CONTACT |  |
|---------|--|
| Phone   | (405) 990-3173   |
|         | -  |
|         | -  |
|         | -  |
|         | Fax  |
|         | -  |
|         | SMS/MMS Number   |
|         | -  |
| Email   | cross.ricci@gmail.com                                  |
|         | -  |
|         | -  |
| Address | 730 West Wilshire Blvd<br>Oklahoma City, OK 73116-7781 |
|         | Oklahoma 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)   | Ricci Cross  |
| Preferred Contact Reason  | — | Are you registering with ASPNM as a   | Athlete      |
| Texting ok at Phone 1?  | — | Athlete contact person relationship to Athlete  | —            |
| Emergency Contact Name  | — | Start year with ASPNM   | —            |
| Emergency Contact Phone Number  | — | Seasons with ASP  | —            |
| Interested in summer program  | — | Annual Household Income   | —            |
| Interested in winter program  | — | Ethnicity   | —            |
| Ski Area  | — | Race  | —            |
| Staff Only: waiver due date   | — | Military Service  | —            |
| <b>VOLUNTEER</b>  |   | DD-214 #  | —            |
| Volunteer Interests   | — | Are you considered a Wounded Warrior?   | —            |
| How did you hear about ASPNM?   | — | 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  | 4'9          |
| Have you ever taught Adaptive Sports of any kind?   | — | Weight  | 180          |
| Have you ever taught Skiing and/or Snow Boarding?   | — | Type of Disability  | Spina Bifida |
| 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. | —            |
| PSIA or AASI certification (or other professional Snowsport certification)  | — | What type of skiing/riding do you think you will be doing   | —            |
| Summer Sports certifications, skills, and years experience?   | — | What functions are affected?  | —            |
| Summer Sports equipment owned?  | — | Current activities  | —            |
|   |   | Medications   | —            |
|   |   | Seizures  | No           |
|   |   | If yes, date of last seizure  | —            |
|   |   | Food or medication allergies  | —            |
|   |   | Need to limit activities?   | —            |
|   |   | Primary Care Physician name   | —            |
|   |   | Primary Care Physician phone  | —            |