



Dane Trujillo #25320

Last edited by Dane Trujillo on Oct 27 at 9:55 AM



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3.8/5
Generosity Indicator

All Time Annual Fiscal

\$0.00 Donations	0.00 Volunteer Hours	\$382.50 Event Registrations
2 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total **\$382.50**



Configure Edit

NAME	
First	Dane
Middle	—
Last	Trujillo
Preferred	Dane
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	Trujillo Household Household Name
Employment	—
Gender	Male
Birthday	Aug 3, 1995
Login	GreatDane Last logged in: Oct 27 at 10:02 AM
Login Confirmed	—

CONTACT	
Phone	(505) 415-3680
Home	—
Mobile	—
Fax	—
SMS/MMS Number	(505) 415-3680
Email	irjanet@msn.com
Address	1709 Cortina Loop, SE Rio Rancho, NM 87124
County	—
Online	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Given

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

Preferred Contact Reason	—	Athlete contact person relationship to Athlete	—
Texting ok at Phone 1?	—	Start year with ASPNM	—
Emergency Contact Name	—	Seasons with ASP	4
Emergency Contact Phone Number	—	Annual Household Income	Less than 30,000
Interested in summer program	—	Ethnicity	—
Interested in winter program	—	Race	—
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	—
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	—
		Height	—
		Weight	—
		Type of Disability	—
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	—
		What type of skiing/riding do you think you will be doing	—
		What functions are affected?	—
		Current activities	—
		Medications	—
		Seizures	—
		If yes, date of last seizure	—
		Food or medication allergies	—
		Need to limit activities?	—
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	—
		Comprehension	—

VOLUNTEER	
Volunteer Interests	—
How did you hear about ASPNM?	—
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?	—
Non-sport Volunteer?	—