



**Eliza Sneller** #26016

Last edited by Eliza Sneller on Nov 28 at 6:58 PM



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Generosity Indicator

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Monetary Value

All Time	Annual	Fiscal
\$522.77 Donations	0.00 Volunteer Hours	\$180.00 Event Registrations
0 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$702.77</b>		

Configure Edit

NAME	
First	Eliza
Middle	—
Last	Sneller
Preferred	Eliza
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	—
Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

ACCOUNT DETAILS	
Type	—
Source	Online/Internet
Household	—
Employment	—
Gender	Female
Birthday	Dec 24, 2010
Login	mbieniarz
Login Confirmed	—

CONTACT	
Phone	(832) 316-0096
	—
	—
	—
	Fax
	(832) 316-0096
	SMS/MMS Number

Email	monicasneller@gmail.com
	—
	—

Address	Copy Map
	1111 Thistlemeade Dr
	Houston, TX 77094
	—
	County
Online	—

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	Given

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

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Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Stephanie Bieniarz	Start year with ASPNM	2025
Emergency Contact Phone Number	505-508-8760	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	45,000-89,999
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	Asian
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	—
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Not a Veteran
How did you hear about ASPNM?	Sport Systems	Height	58 inches
Why would you like to be a part of the ASPNM?	—	Weight	85 pounds
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?	—	Type of Disability	Spina Bifida
Have you ever taught Adaptive Sports of any kind?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Spina bifida with spinal tethering and severe lower extremity limitation with spasticity.
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Do not know
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	Restricted use of lower extremities with no mobility. In wheelchair. Some incontinence this should not cause any problems.
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Competitive wheelchair basketball Wheelchair tennis
Summer Sports certifications, skills, and years experience?	—	Medications	None
Summer Sports equipment owned?	—	Seizures	No
Other sport skills/experience?	—	If yes, date of last seizure	—
Non-sport Volunteer?	—	Food or medication allergies	None
What skills do you have that you would consider contributing	—	Need to limit activities?	None
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	No