



Elyana Sanchez #26094

Last edited by Christine Baker on Jan 3 at 12:24 PM



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Monetary Value

All Time Generosity Total **\$0.00**

NAME	
First	Elyana
Middle	—
Last	Sanchez
Preferred	Elyana
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	Feb 24, 2020
Login	Tifster0725
Login Confirmed	—

CONTACT	
Phone	(910) 274-8338
	—
	—
	Fax
	+1 (910) 274-8338
	SMS/MMS Number
Email	tiffany@munshhead.com
	—
	—
Address	382 Garver Ln. White Rock, NM 87547
	—
	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	—

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Zig Zeigler	Start year with ASPNM	2026
Emergency Contact Phone Number	9102742674	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	White
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?	School	Height	45 in.
Why would you like to be a part of the ASPNM?	—	Weight	48lbs
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	Autism
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.	Level 2/3 Autism
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?	Limited communication abilities; behavior (meltdowns due to anxiety and confusion)
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Outside play. No formal sports.
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	Jan 1
Non-sport Volunteer?	—	Food or medication allergies	None
What skills do you have that you would consider contributing	—	Need to limit activities?	No, unless she refuses
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	yes
		Comprehension	—