



**Faith Harding** #26139

Last edited by Faith Harding on Feb 2 at 4:55 PM



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**4.3/5**  
Generosity Indicator

4/5  
Affinity

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Recency

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Frequency

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Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$360.00 Event Registrations
0 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$360.00</b>		

Configure Edit

NAME	
First	Faith
Middle	—
Last	Harding
Preferred	Faith
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 13, 1983
Login	Fharding
Login Confirmed	—

CONTACT	
Phone	(512) 619-4901
Home	—
Mobile	—
Fax	—
SMS/MMS Number	+1 (512) 619-4901
Email	jurnibeyondlimits@gmail.com
Address	251 Palamino Trail Dobson, NC 27017
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	Declined

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	Marshall Nay	Start year with ASPNM	2026
Emergency Contact Phone Number	(512) 731-2158	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Prefer not say
Ski Area	—	Race	Prefer not to say
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	—
		Height	6'0
		Weight	155
		Type of Disability	Vision impairment - total
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Completely blind
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	Vision
		Current activities	yoga
		Medications	None
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	no
		Need to limit activities?	None
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—

  

<b>VOLUNTEER</b>			
Volunteer Interests	—		
How did you hear about ASPNM?	online		
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?	—		
What skills do you have that you would consider contributing	—		