



**Garry Figueroa** #25586

Last edited by Camille Romero on Jun 18 at 12:42 PM



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**3.4/5**  
Generosity Indicator

4/5  
Affinity

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Recency

4/5  
Frequency

1/5  
Monetary Value

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

Configure Edit

NAME	
First	Garry
Middle	—
Last	Figueroa
Preferred	Garry
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	—
Employment	—
Gender	Male
Birthday	Apr 29, 1964
Login	garryfigueroa Last logged in: Nov 3 at 9:28 AM
Login Confirmed	—

CONTACT	
Phone	(505) 350-3171
	—
	—
	—
	Fax
	(505) 350-3171 ... SMS/MMS Number
Email	healthypeoplecojireh@hotmail.com
	—
	—
Address	905 Crane Dr. SW Albuquerque, NM 87121
	—
	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	Athlete

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Magali Figueroa	Start year with ASPNM	2025
Emergency Contact Phone Number	505-414-5480	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	30,000-44,999
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	Prefer not to say
Staff Only: waiver due date	—	Military Service	Veteran
		DD-214 #	0942
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Air Force
		Height	5' 8"
		Weight	180
		Type of Disability	Other
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Back/Hip injury
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	Standing/Walking for long periods of time pain.
		Current activities	Pickleball, Hiking, Biking
		Medications	None
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	None
		Need to limit activities?	No
		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?	VA		
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	—		