



Jacob Owens #25664

Last edited by Camille Romero on Jun 18, 2025 at 12:22 PM



Messages

Notes

< Back

Find account section



About

Timeline

Household Contacts 2

Employment History

Relationships

Addresses 1

Data Privacy & Consent 5

Donations 2

Event Registrations 7

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 4

Text Messages 1

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

3.9/5  
Generosity Indicator

All Time Annual Fiscal

\$11.60 Donations  
0.00 Volunteer Hours  
\$450.00 Event Registrations

3 Event Attendance  
\$0.00 Memberships  
\$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$461.60



Configure Edit

NAME	
First	Jacob
Middle	—
Last	Owens
Preferred	Jacob
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	Owens Household Household Name
Employment	—
Gender	Male
Birthday	Mar 8, 2011
Login	tubameister@gmail.com Last logged in: Jan 22 at 9:35 AM
Login Confirmed	—

CONTACT	
Phone	(505) 615-9267
	—
	—
	—
	Fax
	+1 (505) 615-9267 SMS/MMS Number
Email	tubameister@gmail.com
	—
	—
Address	7105 Boxwood Ave Albuquerque, NM 87113
	—
	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	Tuba Owens
Texting ok at Phone 1?	—	Start year with ASPNM	2025
Emergency Contact Name	Tuba Owens	Seasons with ASP	—
Emergency Contact Phone Number	5059745605	Annual Household Income	—
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	N/A
		Are you considered a Wounded Warrior?	No
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran
		Height	5'
		Weight	Q25
		Type of Disability	Autism
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Communication
		What type of skiing/riding do you think you will be doing	—
		What functions are affected?	Expression
		Current activities	Nonw
		Medications	Choonidine
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	None
		Need to limit activities?	No
		Primary Care Physician name	After hours
		Primary Care Physician phone	5052952505
		Health Insurance	—
		Ability to sense cold	Yea
		Comprehension	Yes
		Non-sport Volunteer?	—

**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? —