

Notice - Overdue Balance



OVERDUE ALERT: This message is to let you know that your account has an invoice or balance of 45 days or more past due. At 60 days overdue, your account will be suspended.

Please have your organization's billing contact reach out to us via email at billing@neonone.com for more information.

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Jaxon Reid #25325
Last edited by Camille Romero on Jun 18 at 1:29 PM

Messages Notes

All Time Annual Fiscal

\$0.00 Donations	0.00 Volunteer Hours	\$1,400.00 Event Registrations
0 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$1,400.00

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NAME	
First	Jaxon
Middle	—
Last	Reid
Preferred	Jaxon
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	Reid Household Household Name
Employment	—
Gender	Male
Birthday	Nov 4, 2015
Login	rr0mq8dl Last logged in: Oct 27 at 6:59 PM
Login Confirmed	—

CONTACT	
Phone	(325) 320-3518
	—
	—
	—
	Fax
	—
	SMS/MMS Number
	—
Email	rreid.bnbl@gmail.com
	—
	—
Address	717 Santa Anita Way Georgetown, TX 78626
	—
	County
	—
Online	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—

DATA PRIVACY & CONSENT	
SMS/MMS	Declined

ATHLETE	

Logo Pathway:	—	Parent/Guardian Name(s) (If under 18)	—
Preferred Contact Method	—	Are you registering with ASPNM as a	—
Preferred Contact Reason	—	Athlete contact person relationship to Athlete	—
Texting ok at Phone 1?	—	Start year with ASPNM	2025
Emergency Contact Name	Becky Reid	Seasons with ASP	—
Emergency Contact Phone Number	325-320-3606	Annual Household Income	90,000 or more
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 #	—
VOLUNTEER		Are you considered a Wounded Warrior?	—
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	Prior visit to Santa Fe	Which Military Branch did you serve in (select all the apply)	Not a Veteran
Why would you like to be a part of the ASPNM?	—	Height	46"
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?	—	Weight	53 lbs
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Spina Bifida
Have you ever taught Skiing and/or Snow Boarding?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Spinal Injury from birth. Difficulty walking lower half movement in general.
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Sit Down Skiing - Bi-Ski
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Legs, Abs.
Summer Sports certifications, skills, and years experience?	—	Current activities	Wheelchair Basketball and wrestling.
Summer Sports equipment owned?	—	Medications	Generally allergy medication and nexium.
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	Very allergic to all nuts, and pre-latex aller
		Need to limit activities?	He must cath every 2 and half hours or so
		Primary Care Physician name	—
		Primary Care Physician phone	—