

**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](mailto:billing@neonone.com) for more information.

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**Judd Johnson** #26052  
Last edited by Judd Johnson on Dec 12 at 11:12 AM

Messages Notes

4.1/5

Generosity Indicator

All Time Annual Fiscal

**\$0.00**

Donations

**0.00**

Volunteer Hours

**\$180.00**

Event Registrations

**0**

Event Attendance

**\$0.00**

Memberships

**\$0.00**

Soft Credits

**\$0.00**

Store Purchases

**All Time Generosity Total \$180.00**

NAME	
First	Judd
Middle	—
Last	Johnson
Preferred	Judd
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	Male
Birthday	Sep 25, 2012
Login	Immurphree Last logged in: Dec 12 at 11:17 AM
Login Confirmed	—

CONTACT	
Phone	(512) 560-8770
	—
	—
	Fax
	—
	SMS/MMS Number
Email	laurenjohnsonfw@gmail.com
	—
	—
Address	<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Copy</span> <span>Map</span> </div> <p>4212 Norwich Drive Fort Worth, TX 76109</p> <p>— County</p>
Online	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Declined

ATHLETE	

Preferred Contact Method	—	Parent/Guardian Name(s) (If under 18)	—
Preferred Contact Reason	—	Are you registering with ASPNM as a	—
Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Jeff Johnson	Start year with ASPNM	2025
Emergency Contact Phone Number	8174541705	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	90,000 or more
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
<b>VOLUNTEER</b>		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	—
How did you hear about ASPNM?	Google	Date of Injury	—
Why would you like to be a part of the ASPNM?	—	Which Military Branch did you serve in (select all the apply)	Not a Veteran
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?	—	Height	5'3"
Have you ever taught Adaptive Sports of any kind?	—	Weight	115
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Cerebral Palsy
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Right-sided weaknes. Difficulty with fine r function in right hand and independent movement of right extremities.
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Stand Up Snowboarding
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Gait, balance, fine motor functions. He car and run and play sports, some things are j little bit harder. I think because of the thin has going on, snowboarding might be eas him. Also, he is a 13 year old boy and he s is more interested in snowboarding.
Summer Sports equipment owned?	—	Current activities	Middle school athletics, just finished footb
Other sport skills/experience?	—	Medications	None
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	none
		Need to limit activities?	N o
		Primary Care Physician name	—