



Landon Reed #26049

Last edited by Landon Reed on Dec 10 at 10:53 PM



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3/5
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1/5
Monetary Value

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

Configure Edit

NAME	
First	Landon
Middle	—
Last	Reed
Preferred	Landon
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	Oct 9, 2010
Login	Vclaxon11
Login Confirmed	—

CONTACT	
Phone	(505) 559-3639
Home	—
Work	—
Fax	—
SMS/MMS Number	(505) 559-3639
Email	vclaxon1122@gmail.com
Address	1141 Sandia Vista Rd Ne Rio Rancho, NM 87144
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	—

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Valerie Claxton	Start year with ASPNM	2025
Emergency Contact Phone Number	5055593639	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	45,000-89,999
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	NA
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran
		Height	5'7
		Weight	140
		Type of Disability	Autism Other
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Tics/touretts mostly small head movem
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	Head and arms mostly
		Current activities	Soccer, dodge ball, basket ball, bench pres
		Medications	N/A
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	No
		Need to limit activities?	Landon needs visual and verbal direction i instructions. He responds to yes or no que really well. Does use Echolilia as a form of communication.
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—

VOLUNTEER	
Volunteer Interests	—
How did you hear about ASPNM?	Cleveland high school
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	—