



Leela Rhatigan #24481
Last edited by on Oct 22 at 4:38 PM



Messages

Notes

< Back

Find account section



About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent

Donations 2

Event Registrations 5

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 13

Text Messages

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

4.4/5
Generosity Indicator

4/5
Affinity

4/5
Recency

5/5
Frequency

5/5
Monetary Value

\$125.13 Donations	0.00 Volunteer Hours	\$1,230.00 Event Registrations
5 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$1,355.13

Configure Edit

NAME	
First	Leela
Middle	—
Last	Rhatigan
Preferred	Leela
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	Female
Birthday	Mar 19, 2015
Login	allyrhat Last logged in: Oct 27 at 9:56 AM
Login Confirmed	—

CONTACT	
Phone	(505) 307-6759
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	allyrhat@gmail.com
Address	2721 Camino Chueco Santa Fe, NM 87505
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	Not Asked

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—
Athlete contact person relationship to Athlete	Parents - Allyson and Robert Rhatigan

Texting ok at Phone 1?	Yes	Start year with	2023
Emergency Contact Name	Allyson Rhatigan	ASPNM	
Emergency Contact Phone Number	505-307-6759	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
		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	46"
		Weight	47#
		Type of Disability	Down Syndrome
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Laxity in joints, low muscle tone, needs cl simplified directions
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		Have you ever taught Adaptive Sports of any kind?	—
		What functions are affected?	just needs more time to learn new things, usually up for anything
		Have you ever taught Skiing and/or Snow Boarding?	—
		Current activities	hiking, horse back riding, climbing trees, n snowshoeing
		Medications	levothyroxine
		Taught Adaptive Ski/Snowboard prior to ASPNM?	—
		Seizures	No
		If yes, date of last seizure	—
		PSIA or AASI certification (or other professional Snowsport certification)	—
		Food or medication allergies	ibuprofen
		Need to limit activities?	no
		Summer Sports certifications, skills, and years experience?	—
		Primary Care Physician name	Alwyn Koil, MD
		Summer Sports equipment owned?	—
		Primary Care Physician phone	505-883-9570
		Other sport skills/experience?	—
		Health Insurance	Yes
		Ability to sense cold	yes
		Non-sport Volunteer?	—
		Comprehension	age level
		What skills do you have that you would consider contributing	—
		Hearing/Vision	ASL - first language, strong