



Natalie Runyan #18590

Last edited by Binh Wakeford on Dec 29 at 8:25 PM



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4.2/5
Generosity Indicator

4/5 Affinity 4/5 Recency 4/5 Frequency 5/5 Monetary Value

All Time Annual Fiscal

\$169.09 Donations 0.00 Volunteer Hours \$3,720.00 Event Registrations

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

\$260.00 Store Purchases

All Time Generosity Total \$4,149.09

Configure Edit

NAME	
First	Natalie
Middle	—
Last	Runyan
Preferred	Lisette
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	—
Household	Runyan Household Household Name
Employment	—
Gender	Female
Birthday	Nov 3, 2010
Login	LisetteAndMama Last logged in: Oct 27 at 12:08 PM
Login Confirmed	—

CONTACT	
Phone	(505) 660-6623
Home	—
Mobile	—
Fax	—
SMS/MMS Number	—
Email	natalie.runyan@gmail.com
Address	920 Anthony Lane SW Albuquerque, NM 87105 United States of America
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	Declined

ATHLETE	
Parent/Guardian Name(s) (If under 18)	Natalie M Runyan
Are you registering with ASPNM as a	—

Preferred Contact Reason	—	Athlete contact person relationship to Athlete	Natalie M Runyan (mom)
Texting ok at Phone 1?	—	Start year with ASPNM	2018
Emergency Contact Name	Karen Menetrey (friend)	Seasons with ASP	—
Emergency Contact Phone Number	505-603-1328	Annual Household Income	45,000-89,999
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 #	—
		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	4' 6"
		Weight	69 lbs
		Type of Disability	Down Syndrome Stroke
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	recovered from open heart surgery, chemo leukemia, lung surgery
		What type of skiing/riding do you think you will be doing	—
		What functions are affected?	developmental delay nutrition via g-tube
		Current activities	LOVES to swim, loves to swing, tap dance, camping, hikes, skiing
		Medications	Miralax for constipation, simethicone for g
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	Lisinopril & Losartan caused kidney failure NICU (not meds she'd typically encounter)
		Need to limit activities?	breaks from activities in order to warm up extremities
		Primary Care Physician name	Dr. Jennifer Chittum (Arroyo Chamiso)
		Primary Care Physician phone	505-995-4901
		Health Insurance	Yes
		Ability to sense cold	yes, but may not want to leave it
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?	—		