

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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**Matteo Herrera Boone** #26017  
Last edited by Matteo Herrera Boone on Nov 29 at 10:00 PM

Messages Notes

4.7/5  
Generosity Indicator

All Time Annual Fiscal

\$50.00 Donations 0.00 Volunteer Hours \$360.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$410.00

Configure Edit

Find account section

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NAME	
First	Matteo
Middle	—
Last	Herrera Boone
Preferred	Matteo
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	Apr 7, 2012
Login	MHB12 Last logged in: Nov 30 at 10:48 AM
Login Confirmed	—

CONTACT	
Phone	(915) 373-2247
	—
	—
	—
	Fax
	(915) 373-2247 ...
	SMS/MMS Number

Email	reynaboones@gmail.com ...
	—
	—
Address	Copy Map 8701 Whitus Dr El Paso, TX 79925
	—
	County
Online	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Given

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	Luis Herrera	Start year with ASPNM	2023
Emergency Contact Phone Number	915-274-9593	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Less than 30,000
Interested in winter program	—	Ethnicity	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?	Googled for a program at Santa Fe	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)	—
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	130.7 cm
Have you ever taught Adaptive Sports of any kind?	—	Weight	57.4 pounds
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Down Syndrome
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.	Cognitive disability
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Very low muscle tone, hip dislocation
Summer Sports equipment owned?	—	Current activities	Golf and karate
Other sport skills/experience?	—	Medications	Growth hormone
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	Dairy
		Need to limit activities?	He gets tired so he needs to resta little bit an hour and a half, and he need to be verb motivated
		Primary Care Physician name	—
		Primary Care Physician phone	—