

Notice - Overdue Balance

< Back

**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.

Find account section



**Max Stone** #26058

Last edited by Max Stone on Dec 17 at 9:22 PM



Messages

Notes

- About
- Timeline
- Household Contacts
- Employment History
- Relationships
- Addresses 1
- Data Privacy & Consent 5
- Donations 2
- Event Registrations 2
- Memberships
- Peer-to-Peer Fundraising
- Store Orders
- Notes
- Activities
- Grants
- Prospects
- Solicited Gifts
- Invitations
- Letters & Materials
- Sent Emails 4
- Text Messages
- Mailchimp
- Constant Contact
- Eventbrite
- Soft Credits
- Volunteer
- Volunteer Waivers
- Survey Responses
- Workflows
- Receipts

**4.7/5**

Generosity Indicator

All Time	Annual	Fiscal
\$425.77 Donations	0.00 Volunteer Hours	\$360.00 Event Registrations
1 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$785.77</b>		

Configure Edit

NAME	
First	Max
Middle	—
Last	Stone
Preferred	Max
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	Dec 13, 2005
Login	john.stone417@gmail.com Last logged in: Dec 18 at 7:53 PM
Login Confirmed	—

CONTACT	
Phone	(214) 577-6216
	—
	—
	—
	Fax
	(214) 577-6216
	SMS/MMS Number
Email	john.stone417@gmail.com
	—
	—
Address	
	7556 Baxtershire Dr Dallas, TX 75230
	—
	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	

< Back

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- Data Privacy & Consent 5
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- Event Registrations 2
- Memberships
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- Store Orders
- Notes
- Activities
- Grants
- Prospects
- Solicited Gifts
- Invitations
- Letters & Materials
- Sent Emails 4
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- Mailchimp
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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	John Stone	Start year with ASPNM	2025
Emergency Contact Phone Number	2145776216	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Prefer not say
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?	Online research	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	6'0"
Have you ever taught Adaptive Sports of any kind?	—	Weight	130
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Autism
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.	Max has Autism. He is non verbal. He has motor planning challenges.
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?	Coordination. Communication.
Summer Sports equipment owned?	—	Current activities	Not much
Other sport skills/experience?	—	Medications	None
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	None
		Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—