



Michael Tacoronte #25324

Last edited by Michael Tacoronte on Dec 17, 2025 at 10:48 AM



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2.4/5
Generosity Indicator

All Time Annual Fiscal

\$26.13 Donations
0.00 Volunteer Hours
\$0.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$26.13



Configure Edit

NAME	
First	Michael
Middle	—
Last	Tacoronte
Preferred	Michael
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	Male
Birthday	May 2, 1974
Login	mdtacor Last logged in: Dec 17, 2025 at 10:48 AM
Login Confirmed	—

CONTACT	
Phone	(505) 470-8017
Home	—
Work	—
Fax	—
SMS/MMS Number	+1 (505) 470-8017
Email	michaeltacoronte@gmail.com

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	—
Preferred Contact Reason	—

ADDRESS	
Address	35A Corral Blanco Rd Santa Fe, NM 87508 United States of America
County	—
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

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

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Charles	Start year with ASPNM	2024
Emergency Contact Phone Number	8085544020	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	Veteran
		DD-214 #	0645
		Are you considered a Wounded Warrior?	—
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Air Force
How did you hear about ASPNM?	veteran friend	Height	5'6"
Why would you like to be a part of the ASPNM?	—	Weight	165lbs
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?	—	Type of Disability	P.T.S.D.
Have you ever taught Adaptive Sports of any kind?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	PTSD which gives me anxiety
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Stand Up Snowboarding
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	mind/nervous system
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	active
Summer Sports certifications, skills, and years experience?	—	Medications	none
Summer Sports equipment owned?	—	Seizures	No
Other sport skills/experience?	—	If yes, date of last seizure	—
Non-sport Volunteer?	—	Food or medication allergies	none
What skills do you have that you would consider contributing	—	Need to limit activities?	no
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	yes
		Comprehension	—