



Naga Desa Aria #25755

Last edited by Binh Wakeford on Dec 16 at 4:18 PM



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3.8/5
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Monetary Value

\$26.46 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 \$26.46

Configure Edit

NAME	
First	Naga Desa
Middle	—
Last	Aria
Preferred	Naga
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	—
Household	—
Employment	—
Gender	—
Birthday	—
Login	NagaAri Last logged in: Dec 4 at 8:03 PM
Login Confirmed	—

CONTACT	
Phone	(505) 227-4487
	—
	—
	—
	Fax
	(505) 227-4487
	SMS/MMS Number

Email	leodesa1239@gmail.com
	—
	—

Address	
	256 Camino Tres 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	—
Preferred Contact Reason	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

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

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	—	Start year with ASPNM	—
Emergency Contact Phone Number	—	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	—
Interested in winter program	—	Ethnicity	—
Ski Area	—	Race	—
Staff Only: waiver due date	—	Military Service	Veteran
		DD-214 #	9651
		Are you considered a Wounded Warrior?	Yes
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Army
		Height	5'5"
		Weight	130
		Type of Disability	Hearing impairment - partial Spinal cord injury Traumatic brain injury Vision impairment - partial
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	—
		Have you ever taught Adaptive Sports of any kind?	—
		What type of skiing/riding do you think you will be doing	—
		Have you ever taught Skiing and/or Snow Boarding?	—
		What functions are affected?	—
		Taught Adaptive Ski/Snowboard prior to ASPNM?	—
		Current activities	—
		Medications	—
		PSIA or AASI certification (or other professional Snowsport certification)	—
		Seizures	No
		If yes, date of last seizure	—
		Summer Sports certifications, skills, and years experience?	—
		Food or medication allergies	—
		Need to limit activities?	—
		Summer Sports equipment owned?	—
		Primary Care Physician name	—
		Other sport skills/experience?	—
		Primary Care Physician phone	—
		Non-sport Volunteer?	—
		Health Insurance	—
		What skills do you have that you would consider contributing	—
		Ability to sense cold	—