



Taylor Kuhn #17606

Last edited by Christine Baker on Jun 14 at 2:02 PM



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Generosity Indicator

4/5 Affinity 4/5 Recency 3/5 Frequency 5/5 Monetary Value

All Time Annual Fiscal

\$111.31 Donations 0.00 Volunteer Hours \$2,430.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$2,541.31

Configure Edit

NAME	
First	Taylor
Middle	—
Last	Kuhn
Preferred	Taylor
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	—
Birthday	Feb 8, 1991
Login	wbkuhn Last logged in: Oct 27 at 1:45 PM
Login Confirmed	—

CONTACT	
Phone	(505) 205-6368
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	walt.kuhn@tetrattech.com
	taylorkuhn@aol.com
	—

Address	
	Copy Map
	10700 Academy Rd Unit 1636 Albuquerque, NM 87111 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	Unknown
Preferred Contact Reason	All Correspondence

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

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

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Walt Kuhn
Emergency Contact Name	Walt Kuhn	Start year with ASPNM	2003
Emergency Contact Phone Number	505 205 6368	Seasons with ASP	7
Interested in summer program	—	Annual Household Income	90,000 or more
Interested in winter program	Yes	Ethnicity	Not Hispanic or Latino
Ski Area	Ski Santa Fe	Race	White
Staff Only: waiver due date	—	Military Service	None
VOLUNTEER		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	—
How did you hear about ASPNM?	Have been a participant for over 10 years	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	5-7
Have you ever taught Adaptive Sports of any kind?	—	Weight	190
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.	Autistic
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	—
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Concentration
Summer Sports equipment owned?	—	Current activities	unlimited
Other sport skills/experience?	—	Medications	none
Non-sport Volunteer?	—	Seizures	No
What skills do you have that you would consider contributing	—	If yes, date of last seizure	—
		Food or medication allergies	none
		Need to limit activities?	no
		Primary Care Physician name	Dr. Roberts
		Primary Care Physician phone	480 941 4400
		Health Insurance	Yes
		Ability to sense cold	good
		Comprehension	good