



**Tomas Partido** #25439  
Last edited by System Auto Renew on Dec 27 at 2:53 AM

Messages Notes

**5/5**

Generosity Indicator

5/5  
Affinity

5/5  
Recency

5/5  
Frequency

5/5  
Monetary Value

All Time Annual Fiscal

<b>\$0.00</b> Donations	<b>0.00</b> Volunteer Hours	<b>\$330.00</b> Event Registrations
<b>3</b> Event Attendance	<b>\$180.00</b> Memberships	<b>\$0.00</b> Soft Credits
<b>\$0.00</b> Store Purchases		

**All Time Generosity Total \$510.00**

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NAME	
First	Tomas
Middle	—
Last	Partido
Preferred	Tomas
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	Active
Membership Status	
Membership Term	ASPNM Membership (Renew)
Membership Level	ASPNM Athlete Membership
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

ACCOUNT DETAILS	
Type	Athlete
Source	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	May 26, 2006
Login	Tpartido Last logged in: Oct 27 at 10:44 AM
Login Confirmed	—

CONTACT	
Phone	(505) 934-4356
	—
	—
	—
	Fax
	(505) 934-4356 <span style="font-size: 0.8em;">SMS/MMS Number</span>
Email	dtpartido@icloud.com <span style="font-size: 0.8em;">...</span>
	—
	—
Address	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>Copy</span> <span>Map</span> </div> 8023 Corn Mountain Pl. Albuquerque, NM 87114
	—
	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	Athlete

https://adaptivesportsprogram.app.neoncrm.com/admin/accounts/25439/about

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Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	mother
Emergency Contact Name	Dorothy Partido	Start year with ASPNM	2025
Emergency Contact Phone Number	505-934-4356	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	30,000-44,999
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	Prefer not to say
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	No
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	—
		Height	6'5"
		Weight	250
		Type of Disability	Autism
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	very quiet but can speak and read
		What type of skiing/riding do you think you will be doing	—
		What functions are affected?	social skills
		Current activities	special olympics cornhole - bowling - softball - bocce
		Medications	none
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	none
		Need to limit activities?	no
		Primary Care Physician name	Juan Gallegos
		Primary Care Physician phone	505-899-3933
		Health Insurance	Yes
		Ability to sense cold	yes
		Comprehension	understands everything

  

<b>VOLUNTEER</b>	
Volunteer Interests	—
How did you hear about ASPNM?	—
Why would you like to be a part of the ASPNM?	—
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?	—
Have you ever taught Adaptive Sports of any kind?	—
Have you ever taught Skiing and/or Snow Boarding?	—
Taught Adaptive Ski/Snowboard prior to ASPNM?	—
PSIA or AASI certification (or other professional Snowsport certification)	—
Summer Sports certifications, skills, and years experience?	—
Summer Sports equipment owned?	—
Other sport skills/experience?	—
Non-sport Volunteer?	—
What skills do you have that you would consider contributing	—