



**Virginia Bell-Pringle** #24502  
Last edited by on Jan 13 at 9:35 AM



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**2.7/5**  
Generosity Indicator

4/5  
Affinity

1/5  
Recency

1/5  
Frequency

5/5  
Monetary Value

\$258.01 Donations	0.00 Volunteer Hours	\$480.00 Event Registrations
2 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

**All Time Generosity Total \$738.01**

Configure Edit

NAME	
First	Virginia
Middle	—
Last	Bell-Pringle
Preferred	Virginia
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	Female
Birthday	Feb 8, 1968
Login	Vbellpringle Last logged in: Jan 13 at 9:35 AM
Login Confirmed	—

CONTACT	
Phone	(678) 595-6716
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	Vbellpringle@yahoo.com
Address	41 Camerada Road Santa Fe, NM 87508
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	Not Asked

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

Texting ok at Phone 1?	Yes	Start year with ASPNM	2022
Emergency Contact Name	Joseph Pringle	Seasons with ASP	—
Emergency Contact Phone Number	6785956717	Annual Household Income	Prefer not to say
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	—
<b>VOLUNTEER</b>		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	Mark Young	Which Military Branch did you serve in (select all the apply)	Not a Veteran
Why would you like to be a part of the ASPNM?	—	Height	5'3.5"
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?	—	Weight	130
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Hearing impairment - partial
Have you ever taught Skiing and/or Snow Boarding?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Severe ankle fractures/arthritis/fusion—both ankles.
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Ski Bike
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Standing or walking for more than a few min Cannot walk distances or stand in long line
Summer Sports certifications, skills, and years experience?	—	Current activities	Mountainbiking, Steep climbing in gym.
Summer Sports equipment owned?	—	Medications	None
Other sport skills/experience?	—	Seizures	No
Non-sport Volunteer?	—	If yes, date of last seizure	—
What skills do you have that you would consider contributing	—	Food or medication allergies	N/A
		Need to limit activities?	Walking and standing limited duration (weight bearing is the issue).
		Primary Care Physician name	Warren Goldenburg, NP
		Primary Care Physician phone	505 216-7772
		Health Insurance	Yes
		Ability to sense cold	N/A
		Comprehension	N/A
		Hearing/Vision	N/a
		Verbal communication	N/A