

Notice - Overdue Balance



OVERDUE ALERT: This message is to let you know that your account has an invoice or balance of **45 days or more past due**. At **60 days** overdue, your account will be suspended.

Please have your organization's billing contact reach out to us **via email** at billing@neonone.com for more information.

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Zoltan Szantho #23610
Last edited by Zoltan Szantho on Nov 29 at 8:20 AM

Messages Notes

4.6/5

Generosity Indicator



All Time Annual Fiscal

\$58.97 Donations	0.00 Volunteer Hours	\$4,200.00 Event Registrations
3 Event Attendance	\$60.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases	All Time Generosity Total \$4,318.97	

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NAME	
First	Zoltan
Middle	—
Last	Szantho
Preferred	Zoltan
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	Active
Membership Status	—
Membership Term	ASPNM Membership
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	Oct 8, 2013
Login	mszantho@aol.com Last logged in: Dec 3 at 10:42 AM
Login Confirmed	—

CONTACT	
Phone	(505) 795-4086
	—
	—
	Fax
	—
	SMS/MMS Number
Email	mszantho@aol.com
	—
	—
Address	7 Saddle Ct Santa Fe, NM 87508
	—
	County
Online	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

ATHLETE	

Preferred Contact Method	—	Parent/Guardian Name(s) (If under 18)	—
Preferred Contact Reason	—	Are you registering with ASPNM as a	—
Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Mandie Szantho-mother
Emergency Contact Name	Andras Szantho	Start year with ASPNM	2022
Emergency Contact Phone Number	5056601141	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	90,000 or more
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
VOLUNTEER		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	No
How did you hear about ASPNM?	ski Santa Fe website	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)	Not a Veteran
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	4 feet
Have you ever taught Adaptive Sports of any kind?	—	Weight	95 pounds
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Attention Deficit Disorder Autism Developmental Disability
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.	Minimally verbal, social and communicati delays
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	following directions, understanding verbal instruction
Summer Sports equipment owned?	—	Current activities	monkey bars, trampoline
Other sport skills/experience?	—	Medications	fluoxetine guanfacine
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	no
		Need to limit activities?	no
		Primary Care Physician name	Dr Chittum