

**AMTA Connecticut**  
**Sports Massage Team Application**

Please complete application and return to Sports Director at  
[msmtAMTACT@gmail.com](mailto:msmtAMTACT@gmail.com) or fax to 860.966-8204

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_

CT Lic. # \_\_\_\_\_ AMTA # \_\_\_\_\_

Name of Massage School Attended: \_\_\_\_\_

Did you take a sports course at this school? \_\_\_\_\_ yes \_\_\_\_\_ no

Total hours in sports massage course? \_\_\_\_\_ Year you graduated: \_\_\_\_\_

**\*\*Please Note: You may be required to attend additional training in  
Sports Massage prior to Team Membership\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Use Only:    Date Received: \_\_\_\_\_    Date Added: \_\_\_\_\_