

AMTA Connecticut
Sports Massage Team Application

Please complete application and return to Sports Director at
smtAMTACT@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: _____