

AMTA NJ Sports Team Application

Name: _____

Address: _____

City/ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

School Attended: _____

Year Graduated: _____

Sports Massage Seminars Attended: (List Class, Instructor , and Year)

Do You Have Sports Massage Experience? Y / N

List Events and the Type of Massage You Did (For Example, Pre-event, Post Event)

Current CPR/First Aid Certification is required. Please send a copy of your CPR/First Aid Card along with this application.

Shirt Size: (please circle) XXL XL L M S XS

As a Team Member You are Required to attend TWO events per year.



Mail Application to: **AMTA NJ CHAPTER**

Attention: Bruce Spicer, Sports Team Chair

1219 Clover Road

Brick, NJ 08724

For further information, contact Bruce Spicer, AMTA NJ Sports Team Chair at:

Contact phone: 732-208-8360

Email: sportsteam@amtanj.org