



CHICAGO WOMEN'S DISTRICT GOLF ASSOCIATION

2025 PERMANENT REPLACEMENT FORM

Please submit all permanent replacement players by April 8, 2025 via e-mail to:

Linda Moran, Team Match Chair
E-mail: lindaloumoran@gmail.com

(PLEASE PRINT)

CLUB NAME _____ **DATE** _____ **SECTION** _____

Team Captain's Name _____

PERMANENT REPLACEMENT PLAYER(S)

Original Player's Name _____ Oct 20, 2024 Hcp. Index _____

Permanent Replacement Player's Name _____ Oct 20, 2024 Hcp. Index _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Text Capabilities? Yes No

Email Address _____

CDGA # _____ Club # _____ Cart – or – Caddie

Original Player's Name _____ Oct 20, 2024 Hcp. Index _____

Permanent Replacement Player's Name _____ Oct 20, 2024 Hcp. Index _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Text Capabilities? Yes No

Email Address _____

CDGA # _____ Club # _____ Cart – or – Caddie