



CHICAGO WOMEN'S DISTRICT GOLF ASSOCIATION

2027 PERMANENT REPLACEMENT FORM

Please submit all permanent replacement players by April 5, 2027 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 19, 2026 Hcp. Index** _____

Permanent Replacement Player's Name _____ **Oct 19, 2026 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 19, 2026 Hcp. Index** _____

Permanent Replacement Player's Name _____ **Oct 19, 2026 Hcp. Index** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Cell Phone** _____ **Text Capabilities?** ☐ Yes ☐ No

Email Address _____

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