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Christchurch City Council
Long-Term Community Council Plan
Submission

Please provide the personal details below or your submission will not be considered by Council

Your Name: Jess Wilson

Contact Address: 3 Delta Way, Brookhaven

Postcode _____ Phone No (day) 0274388439

Phone No (evening) 3844935

Email (if applicable) _____

Please be as specific as possible to help Council understand your views.

Why do you want the Council to consider the provision of additional artificial fields? What specific action you think the Council should take? Why should this be done?

Training times are limited, training at 9pm
when frozen turf is not suitable.

Please continue on reverse side if further space is required.

Thank you for making this submission.