2017	Reported	Heliskiing	Activity
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Bi-weekly Period:	from	to	

Company Name:	
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Person Completing Report:

Date	Start Time	End Time	Heli ID#	Skier Days Used (do not count training/guide school days)	Area(s) / Flight Path(s)	Deviation from the flight guidelines? (provide explanation below*)	Accidents? (provide explanation below*)	Incidental Wildlife Observation? (provide explanation below inc. type of wildlife & location*)
Explanat	ions	flight devia	ations, acc	idents, inci	dental wildlife observations, if an	ıy		
Date								