Reported Heliskiing Activity

Reporting Period:	from	t
reporting i enou.	110111	

Company Name:	
Company Name:	

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	ionsf	light devia	ations, acc	idents, inci	dental wildlife observations, if ar	ny				
Date		J	,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	•				