Reported Heliskiing Activity

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Veekly Use Report:	from	to	ວ	_Due by 5:00 pm every Monday HBC 5.24.040(E)	

Company Name: ______
Person Completing Report: _____

Date	Start Time	End Time	Halicanta	Skier Days Used (do not count training/guide school days)	Area(s)/Flight Path(s)	Others same area at same time (explain below*)	Change from flight guidelines (explain below*)	Wildlife Observed (explain below inc. type of wildlife & location*)
* Explanat	ions	flight devia	ations, acc	idents, inci	dental wildlife observations, if a	ny		
Date								
						<u> </u>		