Company Name: _____SEABA_____ **Person Completing Report:** Austin

Reported Heliskiing Activity **Bi-weekly Period:** from 3/8 to 3/29

Form Revised 2-24-20

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 guidelines? (provide e below*)	Accidents? (provide explanation below*)	Incidental Wildlife Observation? (provide explanation below inc. type of wildlife & location*)
3/8/21	0900	1600	360CH	4	Ice Palace Glacier, Bertha Glacier	No		
3/14/21	0900	1600	360CH	7	Kicking Horse Left	No		
3/20/21	0900	1500	360ch	8	Kicking Horse	No		
3/21/21	0900	1300	360CH	12	Kicking Horse	No		
3/24/21	0900	1800	360CH	16	Tele Bowl, Kicking horse	No		
3/24/21	1400	1700	252CH	5	Tele Bowl, Kicking horse	No		
3/28/21	0900	1800	360CH	12	Kicking Horse Right	No		
3/28/21	0900	1800	252CH	12	Kicking Horse Left	No		
3/28/21	0900	1800	203CH	8	Takhin river valley	No		
3/29/21	0900	1600	360CH	12	Moraine Bowl Trees	No		
3/29/21	0900	1600	252	8	Moraine Bowl Trees	No		

*** Explanations-------flight deviations, accidents, incidental wildlife observations, if any**

Date	