Reported Heliskiing Activity

Bi-weekly Period:	from	to

Company	Name:		

to 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*)	
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	ons1	light devia	tions, acc	idents, inci	dental wildlife observations, if an	у			
Date									