Reported Heliskiing Activity Weekly Use Report: from _____

leekly Use Report:	from	to	_Due by 5:00 pm every Monday	/ HBC 5.24.040(E
--------------------	------	----	------------------------------	------------------

	Company Name:
(E)	Person Completing Report:

Date	Start Time	End Time	Helicopter Tail Number	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*)	Accidents (explain below*)	Wildlife Observed (explain below inc. type of wildlife & location*)
* Explanat	ions1	flight devia	ations, acc	idents, inci	dental wildlife observations, if ar	ny			
Date									